



# **WIN PROJECT FACILITY SURVEY 2003**



**3<sup>RD</sup> ROUND  
REPORT OF MAIN FINDINGS**



**Women and Infant Health ( WIN ) Project**



This report was made possible through support provided by USAID/Russia, under the terms of Contract No. HRN-1-00-98-0032-00 Delivery Order No. 803 and John Snow, Inc. (JSI).

The contents and opinions expressed herein are those of the author and do not necessarily reflect the views of USAID and JSI.

# **WIN PROJECT FACILITY SURVEY**

**2003  
3<sup>RD</sup> ROUND  
REPORT OF MAIN FINDINGS**

**Patricia David and Rimma Potemkina, with the  
assistance of Natalia Kisseleva**

**June 2003**

**The Women and Infant Health Project (WIN) is implemented by John Snow, Inc.  
in close collaboration with the Ministry of Health of the Russian Federation with partners  
EngenderHealth, Johns Hopkins University Center for Communication Programs,  
and University Research Corporation.**

## Table of Contents

List of Tables .....	v
List of Figures .....	vii
List of Acronyms .....	viii
Acknowledgements .....	ix
Executive Summary .....	1
Background .....	1
Survey Objectives .....	1
Methodology .....	2
Results .....	2
Conclusions .....	4
1. Introduction .....	5
Background .....	5
The WIN Project Evaluation Strategy .....	5
Objectives of the Survey .....	6
2. Methodology .....	7
Questionnaire Design .....	7
Sample .....	7
Field Implementation, Data Editing and Entry .....	8
Analysis .....	9
3. Characteristics of the Study Groups .....	11
Facilities .....	11
Health Care Providers .....	11
Provider Specialty .....	12
Client Profiles .....	13
<i>Fertility history and intentions</i> .....	14
<i>Contraceptive use among all clients</i> .....	17
Key WIN Indicators .....	18
4. Abortion Care .....	20
Provider Abortion Care Practices .....	20
<i>Post-abortion contraceptive counseling reported by providers</i> .....	20
Abortion Client Experiences and Perceptions .....	21
<i>Experience of abortion services</i> .....	24
<i>Plans for post-abortion contraceptive use and contraceptive knowledge</i> .....	25
Key WIN Indicators .....	26
5. Antenatal Care .....	28
Provider Antenatal Care Practices .....	28
<i>Breast-feeding knowledge and advice</i> .....	30
Key WIN Indicator .....	31
Antenatal client experiences and perceptions .....	31
<i>Contraceptive use and fertility intentions</i> .....	32
<i>Care received in the antenatal period</i> .....	33
<i>Explanation of danger signs – women’s reports</i> .....	34
<i>Preparation for the postpartum period</i> .....	35
Key WIN Indicator .....	38

6. Delivery and Postpartum Care for Women .....	39
Providers of Maternity and Neonatal Care .....	39
Provider practices.....	39
<i>Delivery/Postpartum Care for Mothers.....</i>	39
<i>Neonatal care practices at time of delivery.....</i>	40
<i>Provider attitudes and beliefs about care and feeding of the neonate .....</i>	40
<i>Advice on infant feeding .....</i>	41
Key WIN Indicators .....	42
Postpartum Client Experiences and Perceptions .....	43
<i>Fertility intentions .....</i>	43
<i>Contraceptive experience .....</i>	43
<i>Family-centered maternity care .....</i>	46
<i>Breast feeding attitudes and practice .....</i>	47
Key WIN Indicator .....	49
<i>Contraceptive knowledge and plans for postpartum use.....</i>	49
Key WIN Indicator .....	51
7. Contraception and Contraceptive Counseling .....	52
Provider Knowledge and Attitudes .....	52
<i>Contraception for breast feeding women .....</i>	54
<i>Male involvement in family planning and reproductive health.....</i>	56
Client Contraceptive Counseling Experience and Attitudes .....	57
<i>Differences between cities .....</i>	58
Key WIN Indicator .....	58
8. Sexually Transmitted Diseases and Domestic Violence .....	59
<i>Client experience of domestic violence .....</i>	60
<i>Client reports of risk behavior during pregnancy.....</i>	60
9. Information, Education and Communication .....	61
Provider Reports of Topics Discussed with Clients.....	64
Client Reports of Information Received about Family-Centered Maternity Care .....	64
10. General Satisfaction.....	65
Clients' Rating of Service Received .....	65
<i>Satisfaction with maternity services .....</i>	68
<i>Satisfaction with antenatal services .....</i>	68
<i>Satisfaction with abortion services.....</i>	68
<i>Provider and client attitudes toward men receiving services.....</i>	69
Providers' Rating of Services .....	69
11. Conclusions .....	71
References .....	73

## LIST OF TABLES

Table 3.1	Number and distribution of participating facilities by city and service type.....	11
Table 3.2	Comparison of providers successfully and unsuccessfully interviews according to specialty, type of facility, city, and sex .....	11
Table 3.3	Age distribution and training profile of providers.....	12
Table 3.4	Percent providing services by clinical specialty and type of service.....	12
Table 3.5	Demographic profile of clients.....	13
Table 3.6	Fertility history and intentions .....	14
Table 3.7	Contraceptive use by clients.....	17
Table 4.1	Type of abortion care provided .....	20
Table 4.2	Reported information given by abortion providers (N=117).....	20
Table 4.3	Post-abortion counseling reported by providers.....	20
Table 4.4	Abortion clients planning to have a child in the future by age group .....	21
Table 4.5	Distribution of last method used by whether pregnancy occurred while using the method .....	23
Table 4.6	Reasons for not using a method .....	23
Table 4.7	Distributions of abortions and reasons for obtaining abortion .....	24
Table 4.8	Reports by abortion clients of experience of service provided .....	24
Table 4.9	Information received by client about post-abortion care.....	25
Table 4.10	Post-abortion contraceptive counseling.....	25
Table 4.11	Choice of contraceptive method for post-abortion clients.....	26
Table 5.1	Providers of ANC care in women's consultation by type of provider .....	28
Table 5.2	Antenatal care reported by providers .....	28
Table 5.3	Topics discussed with antenatal clients (N=91) .....	29
Table 5.4	Signs for which women are advised to seek care .....	30
Table 5.5	Reasons for classifying a pregnancy as high risk* .....	30
Table 5.6	Usual recommendations to antenatal clients .....	30
Table 5.7	Trimester of first and current antenatal visit .....	31
Table 5.8	Distribution of last method used by whether pregnancy occurred while using the method .....	32
Table 5.9	Reasons for not using a method .....	32
Table 5.10	Future pregnancy intentions by age group .....	33
Table 5.11	Ultrasound procedures experienced by antenatal clients.....	33
Table 5.12	Experience of services provided.....	33
Table 5.13	Explanation of danger signs .....	34
Table 5.14	Percent of women wanting various persons for support during childbirth.....	34
Table 5.15	Topics clients reported being told about in antenatal visits.....	35
Table 5.16	Antenatal clients opinions on sources of breast feeding advice .....	36
Table 5.17	Women's beliefs about breastfeeding as contraception .....	36
Table 5.18a	Postpartum Contraception .....	36
Table 5.18b	Plans for postpartum contraception by type of method and start timeframe .....	37
Table 5.19	When a child should be given other liquids or foods in addition to breast milk? .....	37
Table 6.1	Number of providers of different service by specialty and type of facility .....	39
Table 6.2	Percent of providers reporting usual practices in maternity care .....	39
Table 6.3	Usual care for newborns in maternity care facilities .....	40
Table 6.4	Main contraindications for rooming-in .....	40
Table 6.5	Usual breastfeeding recommendations to postpartum clients .....	41
Table 6.6	Advice on timing of first breastfeeding.....	41
Table 6.7	Advice on when mothers should supplement breastfeeding .....	41
Table 6.8	Conditions under which breastfeeding is contraindicated.....	42

Table 6.9 Future pregnancy intentions by age group .....	43
Table 6.10 Distribution of last method used by whether pregnancy occurred while using the method .....	43
Table 6.11 Percent of postpartum women reporting delivery by city of residence .....	44
Table 6.12 Percent distribution of reasons for Cesarean section.....	44
Table 6.13 Practices during labor and delivery reported by clients .....	45
Table 6.14 Distribution of problems during pregnancy* .....	45
Table 6.15 Women's choice of support during labor.....	46
Table 6.16 Postpartum clients reports of 'rooming-in' experiences.....	46
Table 6.17 Timing of first skin-to-skin contact.....	46
Table 6.18 Breastfeeding recommendations from facility staff reported by women* .....	47
Table 6.19 Breastfeeding practices reported by postpartum women.....	47
Table 6.20 Postpartum clients opinion on sources of breastfeeding advice .....	48
Table 6.21 Postpartum women's beliefs about breastfeeding as contraception.....	49
Table 6.22a Plans for postpartum contraception .....	50
Table 6.22b Source of contraceptive advice.....	50
Table 6.23 When a child should be given other liquids or foods in addition to breast milk .....	51
Table 7.1 Percent of providers who counsel clients about contraceptive use .....	52
Table 7.2 Methods providers most commonly discuss with clients, in order of prevalence .....	52
Table 7.3 Percent of providers who report giving different types of advice to pill users.....	53
Table 7.4 Advice providers report giving to IUD and injectable contraceptive users.....	54
Table 7.5a Recommended method to succeed LAM for women who plan to continue breastfeeding* .....	54
Table 7.5b When LAM users should adopt next method of contraception .....	55
Table 7.6a Contraceptive methods best suited to women who intend to breastfeed* .....	55
Table 7.6b When a postpartum woman should start using this method* .....	55
Table 7.7 Practice and attitudes of providers toward male involvement in family planning .....	56
Table 7.8 Client experience of contraceptive counseling by type of service .....	57
Table 7.9 Contraceptive counseling by city of residence and type of client .....	58
Table 8.1a Percent of providers mentioning various criteria they use to assess whether a woman is at risk of a sexually transmitted disease.....	59
Table 8.1b Percent of providers mentioning action taken if a sexually transmitted disease is suspected .....	59
Table 8.2 Actions providers report they take in cases of domestic violence.....	59
Table 8.3a Percent of clients who report having suffered domestic violence* within previous year .....	60
Table 8.3b Percent of clients who reported domestic abuse who did not seek help.....	60
Table 8.3 Risk behavior during pregnancy reported by clients.....	60
Table 9.1a Percent of clients and providers (all services) reporting channels of information .....	61
Table 9.1b Information topic by type of channel and type of client.....	61
Table 9.1c Other information clients want or wished they had been given today.....	63
Table 9.1d Self-reported best ways for clients to receive information.....	63
Table 9.2 Provider reports of information discussed with clients .....	64
Table 9.3 Reports on information about family-centered maternity care.....	64
Table 10.1a Mean ranking given by clients for attributes of each service (1='good' 3='poor') .....	65
Table 10.1b Client rankings given to facilities for services received.....	65
Table 10.2 Client rankings given to facilities (all clients combined) by city .....	66
Table 10.3 Responses by postpartum clients to questions about satisfaction with maternity services, by city .....	68
Table 10.4 Responses by antenatal clients to questions about satisfaction with antenatal care, by city .....	68

Table 10.5 Responses by abortion clients to questions about satisfaction with abortion services, by city .....	68
Table 10.6 Attitudes of clients and providers to extending reproductive health services to men .....	69
Table 10.7 Provider rankings given to their own facilities, by city.....	69

## LIST OF FIGURES

Figure 3.1 Age distribution of clients.....	14
Figure 3.2 Client abortion history and fertility intentions .....	16
Figure 3.3 Contraceptive use by different clients.....	17
Figure 4.1 Fertility desires of abortion clients by current age.....	21
Figure 5.1 Percent of antenatal care providers who usually prescribe various medications during pregnancy .....	29
Figure 5.2 Reported counseling about breastfeeding during antenatal care .....	37
Figure 6.1 Postpartum women's breastfeeding practices .....	48
Figure 10.1 Proportion of clients, by type, giving a ranking of 'Good' to their facility on four criteria.....	66
Figure 10.2 Proportion of clients (all types combined), by city, giving a ranking of 'Good' to their facility on four criteria .....	67
Figure 11.1 Percent of clients who discussed contraception with medical staff .....	71
Figure 11.2 Percent of providers and clients who report having discussed contraception.....	71
Figure 11.3 Exclusive breastfeeding—client knowledge and provider counseling.....	72
Figure 11.4 Reports of delivery care practices by providers and clients.....	72



## LIST OF ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
AVSC	Association for Voluntary and Safe Contraception
CDC	Centers for Disease Control and Prevention
FCMC	Family-Centered Maternal Care
FP	Family Planning
HIV	Human Immuno-deficiency Virus
IEC	Information, Education, Communication
ID	Identification
IUD	Intra-Uterine Device
JSI	John Snow, Inc.
LAM	Lactational amenorrhea method
SPSS	Statistical Package for the Social Sciences
STD	Sexually Transmitted Disease
TV	Television
USAID	United States Agency for International Development
VCiom	Russian Center for Public Opinion and Market Research
WIN	Women and Infant Health Project
WHO	World Health Organization

## **ACKNOWLEDGEMENTS**

The United States Agency for International Development (USAID) in Moscow provided funding for the survey through the WIN Project, implemented by John Snow, Inc. The success of this survey is due to the help of the entire Women and Infant Health Project (WIN Project) team, and especially to the WIN Project Resident Advisor, Natalia Vartapetova, our local survey coordinator, Rimma Potemkina, and WIN Project Program Coordinator Natalia Kisseleva.

We especially wish to thank the members of the medical staff of each participating facility for giving of their time so generously, and also their clients, who contributed their own perspective to enhance our understanding of women's health care in Veliky Novgorod, Perm, and Berezniki. Our team could not have accomplished so much in such a short period of time without the able assistance of the field supervisors, Dr. Marina Chirskaya in Veliky Novgorod, Dr. Elena Eremeeva in Perm, and Dr. Nadezda Zinchenko in Berezniki. We are also very grateful for the care and dedication of the medical students and interns in these cities who carried out the interviews. The WIN Project is indebted to each of them.

We gratefully acknowledge the assistance provided by the All Russia Center for Public Opinion and Market Research (VCIOM) for their very competent and careful handling of data entry for the survey data files.

We are also indebted to Karin Lockwood, who competently and efficiently manipulated the complex data files and produced the tables for this report and to Diane Holland, who completed editing the tables and produced this report.

## **EXECUTIVE SUMMARY**

### **Background**

The Women and Infant Health Project (WIN) is a USAID-funded project that aims to improve the effectiveness and ‘family-friendliness’ of maternal and infant health services by training women’s health care providers in evidence-based medical practices. The ultimate aim is to institute evidence-based medical practices more widely to improve the effectiveness and ‘family-friendliness’ of maternal and infant health services delivered by the Russian health care system. A pre-intervention survey of provider practices and client experiences was conducted in participating facilities in early 2000 to inform training programs, measure indicators of project effectiveness, and stimulate policy change. From mid-December 2001 to early February 2002, a second survey to document changes in provider practices and client experiences was carried out in the same facilities using the same protocol. This report contains data from the third and final endline survey that was carried out in WIN facilities from January to February 2003.

The facility-based surveys are a component of the evaluation designed for the WIN Project, which is comprised of pre- and post-intervention household and facility surveys and a routine monitoring system to track key indicators within participating facilities. The evaluation is designed to assess the effectiveness and impact of the project established in participating facilities in the three cities, Veliky Novgorod, Perm and Berezniki.

The focus of WIN interventions is on maternal and newborn health and nutrition, including promotion of exclusive breast feeding, family planning services for postpartum and post-abortion clients, protection against domestic violence, essential care of the newborn, and family-centered maternity care as a component of antenatal, delivery and postpartum care.

The project interventions consist of clinical and counseling training for health providers at all levels, community-based and facility-based information, education and communication (IEC) strategies for both families and providers, and advocacy and policy promotion. The training aims to reduce unnecessary medical intervention during pre-natal, delivery and neonatal care, and to improve postnatal and post-abortion contraceptive counseling.

The WIN Project is funded by the United States Agency for International Development, and is implemented by John Snow, Inc. Collaborating partners include the Ministry of Health of the Russian Federation; Engender Health (formerly Association for Voluntary and Safe Contraception); the University Research Center Quality Assurance Project; Johns Hopkins University Center for Communication Programs; and the All-Russia Center for Public Opinion Research (VCIOM).

### **Survey Objectives**

This endline survey of providers and clients in 20 participating health facilities in three Russian cities was conducted from mid-January 2003 to mid-February 2003, after the project interventions had been in place for three years. The aim of this third survey is to provide post-intervention data to measure changes in selected indicators of effectiveness and impact achieved by the project as compared to the baseline data gathered in 2000 and follow-up data of 2002. This third survey will also provide an indication of whether or not changes documented in the second round were sustained in the third year.

## Methodology

The follow-up facility survey obtained quantitative data from 534 providers and 1468 clients in maternity hospitals, women's consultation centers and children's polyclinics in three Russian cities. Medical students and interns administered four survey instruments (one for providers, and three for clients) designed for the Russian health care context. A Russian survey coordinator trained (in most cases re-trained) the interviewers and their three field supervisors, who were senior public health administrators in the participating cities. Over the course of about four weeks (with holidays intervening), medical staff providing prenatal, abortion and delivery services, and neonatal or pediatric care were interviewed. The universe of physicians working in targeted facilities, a systematic random sample of midwives and infant nurses, and at least 300 women coming to these facilities for each type of service (delivery and postpartum care, prenatal care, and abortion services) were targeted for interview. All those interviewed were read a statement of purpose and provided the opportunity to decline the interview.

Client sample size was calculated using prevalence estimates for selected indicators and a one-tailed test with 80% power to detect expected changes. A Russian survey research organization was responsible for data entry, and data were analyzed using the SPSS statistical package by US-based researchers.

The analyses are based on aggregated reports of individual respondents and provide estimates reflecting knowledge and reported practices of the average provider and experiences of the average client in the entire network of participating facilities. No analyses were performed that would enable identification of individual providers or clients.

## Results

A total of 608 providers were contacted for interview. Of these providers, 74 refused to be interviewed or started but did not complete the interview. Completion rates ranged from a high of 96% of all providers in Veliky Novgorod to 78% in Perm and 89% in Berezniki. The total number of providers successfully interviewed was 534.

Four hundred and twenty three women were interviewed in the postpartum period, almost all prior to discharge from the maternity where the birth took place. Five hundred and eighteen antenatal clients and 527 abortion clients were also interviewed.

Quantitative measures of key program effectiveness indicators using both provider and client reports were calculated. Monitoring indicators include knowledge of exclusive breastfeeding, women ambulatory during labor, women delivering with support of a family member, postpartum contact between mother and newborn, and the percent of postpartum and post-abortion clients who receive family planning counseling prior to discharge.

Information obtained from providers also included prenatal prescribing practices, medication to induce labor and during labor, and knowledge and postpartum practice of skin-to-skin contact and immediate breastfeeding. Both provider and client-based reports of post-abortion care and the content of contraceptive counseling (including LAM) prior to discharge were also measured.

Of women who had had more than one pregnancy (including the current one), approximately three quarters of postpartum, antenatal, and abortion clients had least one previous abortion. Of those repeat abortion clients, 17 % had terminated a pregnancy by abortion within the previous

calendar year, similar to the 17% that had terminated a pregnancy within the previous calendar year in the baseline and second round surveys.

Information obtained from providers about ‘usual practices’ was sometimes inconsistent with client reports, but overall, the level of inconsistency was decreased in the follow-up survey relative to baseline levels. Improvements in the percent of women who were counseled on contraception were sustained in the endline survey. Antenatal clients reported discussing contraception with medical staff at the facility (42% at endline and second round as compared to 23% at baseline). Twice as many post-abortion (91% at endline and 82% at second round as compared to 41%) and postpartum clients (47% at endline and second round as compared to 19% at baseline) received family planning counseling prior to discharge. However, those reports compare with 93% of antenatal caregivers, 64% of delivery caregivers and 89% of abortion providers who reported that they discuss contraception with their clients.

Approximately 100% of delivery care providers reported offering ‘rooming-in’ to mothers, and 79% of mothers said their baby stayed with them day and night. Very few mothers reported that their babies were taken to the nursery for the first night (7%), a sharp and sustained decline from baseline levels (62%). Of mothers who did not have rooming-in, three-quarters said they were never offered the option, but this was only a small proportion all postpartum clients in the endline survey.

Large steps have been taken in terms of supporting exclusive breastfeeding. Women start out to breastfeed their babies; 95% of postpartum women reported that they were currently breastfeeding. Of those, only 7.2% said their baby was given something to drink from a bottle during the hospital stay, which is a significant decrease from the 70% of women at baseline who reported the same (and 7% did not know if the baby was fed something else). Eighty-one percent of postpartum women said they fed ‘on demand’ and 13% fed on a schedule (6% said they fed when the staff brought the baby). This trend is a reversal from baseline data where fewer women fed on demand (28%) and a larger proportion fed on schedule (67%).

Sixty-seven percent of antenatal clients and 88% of postpartum women can correctly define ‘exclusive breastfeeding’ (breast milk and nothing else except vitamins, minerals or medicine). According to the same definition, over 90% of delivery and neonatal caregivers tell their clients to breastfeed exclusively for a full six months, a sustained increase from the 25% of delivery and neonatal caregivers that gave this advice at baseline. Furthermore, just 1% of all postpartum women said they were advised to supplement their breast milk with water, as opposed to the 46% of all postpartum women to whom this was recommended at baseline.

One of the characteristics of ‘family-centered maternity care’ is closer contact between mother and baby and more involvement by other family members in antenatal preparations for the birth, and support during labor and in the postpartum period. We found that in participating facilities, the percent of women who report that they had not close person supporting them from birth continues to decline, to 52% at endline from 68% at the second round. This is a further decrease from the 96% of women who said they had no close person supporting them at the birth at the baseline survey.

Other discrepancies between provider and client reports persist and highlight issues of quality of care from a client perspective. For example, 84% of abortion providers said they explain the procedure to clients prior to performing an abortion, yet only 65% of clients reported receiving such information.

There has also been a decrease in use of non-evidence based practices. At the same time, discrepancies between provider and client report persist. For example, only 4% of providers said an enema was usual practice for all women (10% said only for some women), but 20% of postpartum women report having an enema. Four percent of providers said giving IV solution was usual practice for all women (70% said only for some women), but 49% of postpartum women report having an IV solution during labor. Five percent of providers said medicine to induce labor was usual practice for all women (75% said only for some women), but almost one quarter of postpartum women (24%) report that their labor was induced. Ninety three percent of providers said allowing women to sit up during labor was the usual practice for all women, and 15% of postpartum women report they were not allowed to sit up during their labor. The level of discrepancy in provider and client report is fairly similar to that of the level of discrepancy in the second round survey.

## **Conclusions**

Quantitative data obtained using sound methodologies are essential for project evaluation. These data can also be used to attain project objectives by providing a firm basis for policy discussions. In this instance, baseline data was used to stimulate action by policy-makers to change long-entrenched but unproven or unnecessary practices. Changes in some practices are evident by subsequent comparison to data collected after the intervention was in place for some time

*Several conclusions can be drawn from these data:*

- Prevalence of repeat abortion by all types of clients remains virtually unchanged from baseline.
- Contraceptive counseling in all women's health services has improved markedly, more than doubling for all three types of clients from pre-intervention practice.
- Many more women (9 out of 10) are exclusively breastfeeding throughout their hospital stay. And, now more providers actually counsel women to breastfeed exclusively for the first 6 months.

Maternity hospitals have altered their practices to support women who want to breastfeed exclusively. A change has occurred in routine hospital practice regarding breastfeeding, and these changes are in line with WIN's training in breastfeeding counseling and support.

These findings closely mirror those from the second round of facility surveys. Nevertheless, some practices that are not evidence based persist, and there continues to be room for improvement.

## **1. INTRODUCTION**

### **Background**

This survey is a component of the evaluation designed for the Women and Infant Health Project (WIN), a USAID-funded project. The WIN Project is establishing training programs and IEC/counseling interventions in three Russian cities for providers of a range of women's and newborn health services and their clients. The project trains Russian obstetricians, gynecologists, neonatologists, pediatricians, midwives and infant nurses in evidence-based medical practices. The ultimate aim is to institute evidence-based medical practices more widely to improve the effectiveness and 'family-friendliness' of maternal and infant health services delivered by the Russian health care system.

The focus of WIN interventions is on maternal and newborn health and nutrition, including promotion of exclusive breast feeding, family planning services for postpartum and post-abortion clients, protection against domestic violence, essential care of the newborn, and family-centered maternity care as a component of antenatal, delivery and postpartum care.

The project interventions consist of clinical and counseling training for health providers at all levels, community-based and facility-based information, education and communication (IEC) strategies for both families and providers, and advocacy and policy promotion. The interventions are guided by the following principles:

- Use of evidence-based medicine to enhance clinical practice
- Use of quality assurance methods involving both providers and clients in provision of quality services
- Promotion of a client-oriented focus
- Continuity and consistency in client-provider communications and across service levels.

The training aims to reduce unnecessary medical intervention during pre-natal, delivery and neonatal care, and to improve postnatal and post-abortion contraceptive counseling. Another component of the project is production of appropriate health messages and materials to inform and educate the population in the three target cities, and for use in participating facilities. The ultimate aim is to institute evidence-based medical practices more widely to improve the effectiveness and 'family-friendliness' of maternal and infant health services delivered by the Russian health care system.

### **The WIN Project Evaluation Strategy**

The WIN Project will be evaluated using a suite of methods: pre- and post-intervention household and facility surveys, and a routine monitoring system to track key indicators within participating facilities. The evaluation was designed to assess the effectiveness and impact of the project established in participating facilities in the three cities, Veliky Novgorod, Perm and Berezniki.

The evaluation component of the project uses data to:

- provide quantitative information on current practices and knowledge to 'fine-tune' training programs
- monitor progress during the project in order to adjust project activities as necessary
- measure change in selected indicators of effectiveness and impact achieved by the project
- provide a firm basis for policy discussions.

At the start of the project, two surveys were conducted: a household survey of populations in the three cities, and a facility survey, which interviewed providers and clients in all participating facilities in the three cities. A system to monitor key health and process indicators was also instituted in participating health facilities, and at the city and oblast level.

The pre-intervention survey of provider practices and client experiences was conducted in participating facilities in early 2000. A second round of the survey was administered from mid-December 2001 to early February 2002. From mid-January 2003 to mid-February 2003, a third facility-based survey was carried out in the same facilities, using the same protocol. This report describes the results of the third and endline facility survey.

### **Objectives of the Survey**

This survey of women's health care providers and clients in targeted facilities specifically aims to obtain follow-up information on provider practices that are the focus of project interventions and on client reports of their experiences and satisfaction with the care they receive. The purpose is to obtain post-intervention data to measure changes in selected indicators of effectiveness and impact achieved by the project as well as gauge how well these changes have been sustained over time. The data will also be used to provide quantitative information on current practices and knowledge, and for examining areas of strength and weakness in the uptake of key WIN interventions.



## **2. METHODOLOGY**

### **Questionnaire Design**

The facility survey questionnaires draw on instruments developed by the Population Council for situation analyses of family planning facilities in other parts of the world, and by the MEASURE Evaluation Project assessment of the quality of family planning and reproductive health services. The WIN Project survey instruments were designed by JSI's technical advisor for evaluation and finalized in consultation with WIN Project staff and project partners.

Four interview questionnaires were prepared: one for providers of each type of care (abortion, antenatal, delivery and postpartum and neonatal services); and one for each group of clients (abortion recipients, antenatal care attendees, and women recently delivered). Postpartum women were interviewed either just prior to discharge from a maternity ward or when they brought their newborns to children's polyclinics (up to several months postpartum).

Russian translations of the four questionnaires were pre-tested twice in non-participating facilities in a city near Moscow, as well as revised and translated into Russian (and back-translated) prior to their use in the baseline survey. For the second round, a few adjustments were made to the baseline questionnaire to correct some problems that had arisen during the data entry phase. This modified version was again used for this survey.

### **Sample**

To calculate sample size, we estimated the pre-intervention prevalence of key indicators, and a minimum expected change that we wanted to detect<sup>1</sup> at the end of the project. Resources dictated that the field work could be maintained for no longer than three weeks, which we estimated would allow for interviews with all selected medical providers (estimated at about 425), and a minimum of 300 women who had recently given birth. Three hundred postpartum women was the minimum feasible sample size we estimated would be sufficient to estimate change in several key indicators between the baseline and follow-up surveys.

The providers to be contacted were the universe of all physicians working in facilities participating in the project (see below) who provide antenatal, abortion, delivery and postpartum services, neonatal/pediatric care and family planning counseling. A complete list of all medical staff at participating facilities was obtained, along with the timing of their special clinics or days that they were in attendance at the hospital or clinic, in order to ensure that interviewers could be assigned to complete interviews with each staff member.

Midwives and nurses follow similar protocols for the care they provide and have less flexibility in their practices than physicians. A systematic random sample of hospital midwives and pediatric nurses providing these services was selected for interview from staff lists. The lists of midwives and nurses compiled for the survey were markedly larger than those used for selecting the sample at baseline. This was probably due to incomplete lists at baseline. Rather than increase the size of the provider sample, a sample of these personnel comparable in size to the baseline was taken, either every third (in Perm and V. Novgorod) or every fourth (in Berezniki) person on each list depending on the city and original sample size.

---

<sup>1</sup> All calculations were based on 95% confidence limits (the probability that the observed change is due to chance is less than 5%), a one-tailed test with 80% power (the probability of observing a change of the expected magnitude when the 'true' change falls within the confidence limits).

In all, 608 providers were selected for interview (all physicians and half the midwifery and pediatric nursing staff), and a total of 534 consented and completed interviews. Completion rates ranged from a high of 96% of all providers in Veliky Novgorod to 78% in Perm and 89% in Berezniki. Seventy-four providers refused or did not complete the interview.

In addition, all female clients coming to each participating facility during the period of the survey for the same services were invited to participate (a 'take-all' sampling strategy during a fixed data collection period). The frequency of women attending abortion and antenatal services far exceeds the number of births in these cities. An estimate of the patient load for abortion and delivery (postpartum) patients was obtained from annual number of births and abortions per facility. As mentioned earlier, a total sample of at least 300 women who had recently given birth (inpatients and women coming for postpartum or neonatal care after delivery) was sought. This number of respondents was deemed sufficient to provide reliable estimates of change in selected indicators (total across all 3 cities) between the pre- and post-intervention surveys.

During the time period of data collection, all women coming for antenatal, and abortion services at the target facilities who consented were also interviewed, with a minimum sample of 300 women coming for each type of service. The survey coordinator kept a running tally of completed interviews, and field supervisors in the three cities were instructed to stop all interviews when the requisite sample of postpartum clients was reached. The final sample of clients thus obtained was 531 women coming for antenatal care, 536 abortion clients, and 432 postpartum women.

### **Field Implementation, Data Editing and Entry**

Seventeen medical students and interns and three senior medical administrators were recruited in the three cities to assist with fieldwork. In Perm and Berezniki, these were the same field staff who participated in the baseline survey; in V. Novgorod, the same supervisor, but 6 new interviewers in addition to 2 who worked on the baseline survey, were trained. The local Russian survey coordinator, an experienced epidemiologist, met with facility directors and city supervisors, assisted with coding and sampling for the provider survey, and assisted the local supervisor with scheduling initial interviews and logistics.

Prior to the baseline fieldwork, central survey staff estimated the expected number of births in each city during the three-week period, and informed the city supervisors of the approximate number of postpartum clients expected to be available for interview (in proportion to the birth rate in each city). This was estimated to be about 150 clients (50% of the total sample) in Perm, 90 clients (30%) in Veliky Novgorod, and 60 postpartum clients (20%) in Berezniki.

The actual proportions of postpartum clients interviewed in each city obtained in the follow-up survey came quite close to this approximation: 31% of all the postpartum interviews were conducted in Veliky Novgorod, 48% in Perm and 21% in Berezniki.

One supervisor in each city, reporting daily to the survey coordinator in Moscow by telephone, assigned interviewers to providers and client locations, keeping track of interviews that were refused or were impossible to complete.

Central project staff sent a letter to each facility director, explaining the purpose of the survey and enlisting his or her cooperation. Facility directors were also asked to complete a facility data sheet that obtained baseline information on the number of abortions, antenatal clients, live births, and stillbirths, neonatal and maternal deaths for the previous calendar year. Interviews were conducted between mid-January to mid-February 2003.

Interviewers were assigned specific times to cover client interviews in facilities and instructed to approach each client after she emerged from her visit with the provider, asking for her cooperation in answering 'some questions about maternal and child health issues'. Interviewers were assigned a private area in which to conduct the interviews. They read a greeting, which briefly explained the purpose of the WIN Project and asked for each woman's consent to ask questions about her experiences at the facility. The client's name was not recorded on the questionnaire.

Interviewers were asked to record refusals as well as those who consented to participate. There were 5 refusals recorded among antenatal clients, 7 among abortion clients, and 3 among postpartum women.

Codes were assigned to each facility and each provider, to enable the survey coordinator and field supervisors to track interviews completed and those providers who refused to participate. The key to these code numbers was retained in Moscow headquarters, and was unknown to the survey analysts. In order to ensure that all providers selected for interview were approached, the supervisor checked off the provider ID number as the questionnaires were completed. Interviewers read a statement to each provider, requesting consent to the interview and assuring confidentiality.

The city supervisor scheduled provider interviews, assigning interviewers to specified individuals. While these appointments could not be anonymous, the survey-assigned provider code number was the only identification recorded on the questionnaire itself. Questionnaires were carefully guarded, and the interviewers instructed not to show them to anyone except their supervisor, who collected completed questionnaires each day, and stored them until they could be sent to Moscow headquarters.

After review by the field supervisor, completed questionnaires were shipped to Moscow headquarters, where WIN project staff coded open-ended questions and completed office editing. The edited questionnaires and coding key for open-ended questions were sent to the All-Russian Centre for Public Opinion and Market Research (VCIOM), where the data entry programs were written and the data entered into computer files. These files were produced in an English version ready for analysis with the SPSS statistical analysis package.

## **Analysis**

All results are based on *reports* from either providers or clients – knowledge, attitudes and usual practices reported by providers, and experiences and satisfaction with services reported by abortion, antenatal and postpartum clients. Many providers may be aware of what the 'correct' practice ought to be, and answer accordingly, but perhaps contrary to their usual practices. However, it is possible to assess whether this knowledge is routinely translated into actual clinical *practice* by assessing the experience of the average client.

In contrast, many facility surveys rely not only on reported knowledge and practices, but also on an assessment of clinical practice by independent observers. Such observations of provider-client

interactions are highly time-intensive and require that observers are themselves fully trained in the evidence-based practices and counseling skills that are the objects of interest. While observations of actual provider-client interactions would enrich our data, neither this resource base of knowledgeable providers nor the time to conduct such observations was available before the WIN Project training activities started. The survey organizers deemed it infeasible to attempt observations in the short time frame available to obtain baseline data. Instead, it is possible to compare client reports of their experiences in these facilities with the practices providers report.

Except in a few cases, the sample size precludes analysis at city or facility level. The analyses in the following chapters are based on aggregated reports of individual respondents and are expected to provide reliable estimates reflecting knowledge and reported practices of the average provider and experiences of the average client in the entire network of participating facilities. No analyses were performed that would enable identification of individual providers or clients.

### 3. CHARACTERISTICS OF THE STUDY GROUPS

#### Facilities

**Table 3.1 Number and distribution of participating facilities by city and service type**

TYPE OF HEALTH FACILITY	V. NOVGOROD	PERM	BEREZNIKI	TOTAL
Maternity	2	2	1	5
Women's consultation	3	2	1	3
Children's polyclinic	3	2	1	8
Family Planning center	0	2	1	3
<b>TOTAL</b>	<b>8</b>	<b>8</b>	<b>4</b>	<b>20</b>

#### Health Care Providers

**Table 3.2 Comparison of providers successfully and unsuccessfully interviews according to specialty, type of facility, city, and sex**

	COMPLETED INTERVIEWS (%)	INCOMPLETED/REFUSED (%)
<b>Specialty</b>		
Obstetrician/Gynecologist	38.6	39.2
Neonatologist	4.1	9.5
Pediatrician	23.2	10.8
Midwife	15.2	16.2
Children's Nurse	11.8	16.2
Other	7.1	8.1
<b>Facility Type</b>		
Maternity	34.6	33.8
Hospital Gynecology Unit	9.6	13.5
Women's Consultation	19.1	29.7
Children's Polyclinic	33.0	23.0
Family Planning Center	3.7	0.0
<b>City</b>		
Veliky Novgorod	34.8	9.5
Perm	50.2	78.4
Berezniki	15.0	12.2
<b>Sex</b>		
Female	92.7	93.2
Male	6.6	4.1
Missing	0.7	2.7
Number of respondents	534	74

**Table 3.3 Age distribution and training profile of providers**

<b>10 YEAR AGE GROUP</b>	<b>PERCENT (N=534)</b>
20-29*	16.3
30-39	24.7
40-49	31.3
50-59	16.7
60+	5.8
Refused	5.2
<b>YEARS SINCE LAST TRAINING</b>	
<1	54.9
1-2	30.5
2+	9.7
Missing	4.9

\*Includes one 19 year-old

### Provider Specialty

**Table 3.4 Percent providing services by clinical specialty and type of service**

<b>TYPE OF PROVIDER</b>	<b>PROVIDES ABORTIONS OR RELATED SERVICES</b>	<b>PROVIDES NEONATAL SERVICES</b>	<b>PROVIDES DELIVERY OR POSTPARTUM CARE</b>	<b>PROVIDES ANTENATAL CARE</b>	<b>PROVIDES CONTRACEPTIVE COUNSELING</b>	<b>PROVIDES BREASTFEEDING ADVICE</b>
Obstetrician/ Gynecologist	86.4	6.7	57.2	54.6	57.9	36.4
Neonatologist	0.0	8.8	2.4	0.7	1.9	4.6
Pediatrician	0.0	49.4	10.6	23.0	20.4	27.4
Midwife	3.4	6.7	20.2	11.8	10.7	14.5
Children's Nurse	0.0	24.7	5.1	3.3	4.2	12.9
Other	10.2	3.8	4.5	6.6	4.9	4.1
Total Percent	100	100	100	100	100	100
Number of Respondents	118	239	292	304	309	434
Percent* of all Providers (N=534)	21.1	44.8	54.7	56.9	57.9	81.3

\* Row percentages do not add up to 100 because providers may offer more than one type of service.

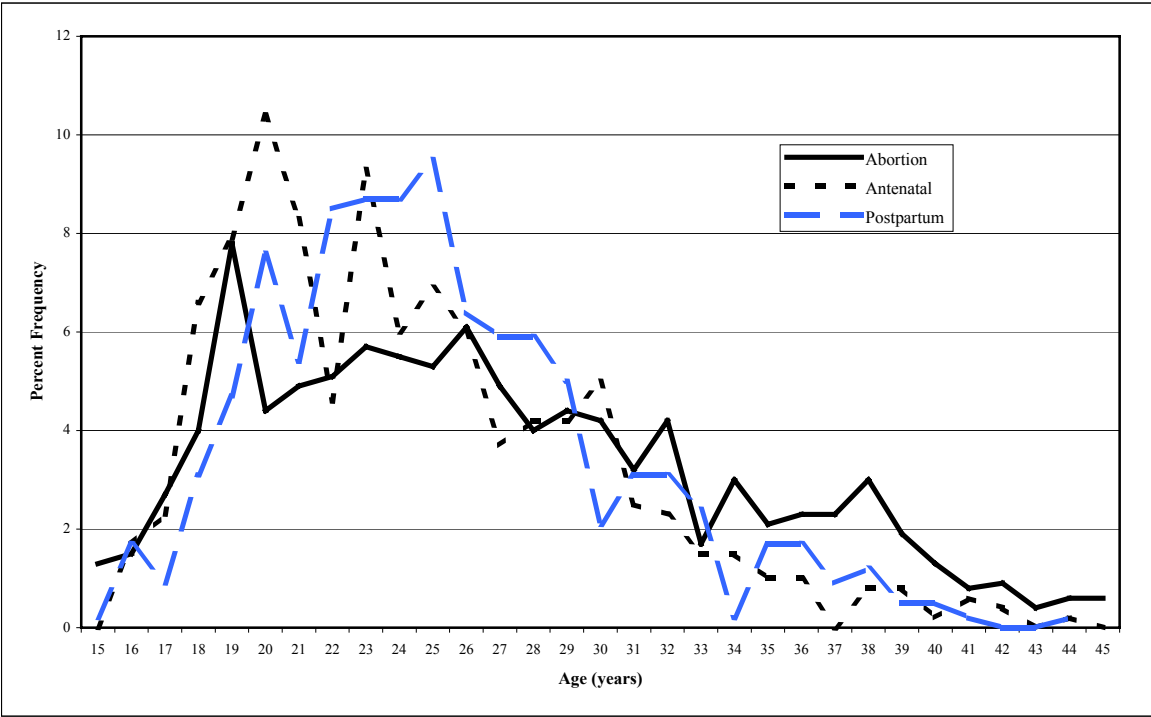
Note: Providers also reported on STD counseling, HIV/AIDS counseling, STD diagnosis/treatment, child health services, and 'other'.

## Client Profiles

**Table 3.5 Demographic profile of clients**

	PERCENT OF CLIENTS		
	ANTENATAL	POSTPARTUM	ABORTION
<b>City</b>			
Veliky Novgorod	29.2	31.0	29.4
Perm	45.9	47.8	46.1
Berezniki	24.9	21.3	24.5
<b>Age Distribution</b>			
15-24	57.1	49.6	42.9
25-34	38.0	43.5	41.0
35-45	4.8	6.9	16.1
<b>Education</b>			
Less than complete secondary	3.9	6.4	5.7
Completed secondary	27.8	26.2	34.2
Any higher post-secondary	67.4	66.9	60.0
Missing	1.0	0.5	0.2
<b>Marital Status</b>			
Married	59.5	63.8	51.2
In unregistered Marriage	34.7	30.5	24.1
Single, never married	5.2	5.2	19.7
Divorced/separated/widowed	0.6	0.5	4.9
<b>Total Percent</b>	100	100	100
<b>Number of Respondents</b>	518	423	527

Figure 3.1 Age distribution of clients



*Fertility history and intentions*

Table 3.6 Fertility history and intentions

TYPE OF CLIENT	
----------------	--



	ANTENATAL	POSTPARTUM	ABORTION
<b>Mean number of pregnancies (including current)</b>	2.01	2.5	3.32
<b>Percent first pregnancies</b>	515	38.5	20.1
<b>Number of living children*</b>			
0	74.5	0.0	29.8
1	20.7	65.2	43.1
2	4.2	28.8	23.3
3+	0.6	6.0	3.8
Number of respondents	518	423	527
<b>Percent of women who have had (previous) abortions, of those with more than one pregnancy</b>	73.7	73.1	74.6
Number of respondents	251	260	421
<b>Of those, the number of previous abortions</b>			
1	57.3	47.9	49.7
2	23.2	26.8	26.4
3+	19.4	25.3	23.8
<b>Percent of women whose last abortion occurred within:</b>			
Past one year	5.9	1.6	17.2
Past two years	24.3	20.0	38.2
Missing	0.00	1.6	0.0
Number of respondents	185	190	314
<b>Intention to have another child**</b>			
% yes	39.4	40.1	53.7
% want no more	23.0	25.3	38.0
% don't know	37.6	34.5	8.3
<b>Mean desired length of time in years until next child, Of those wanting another child</b>	4.44	4.78	3.56

\* Including current birth for postpartum clients

\*\*Excludes antenatal and postpartum clients who report no regular partner

Among those with living children, percent of women whose current or most recent abortion occurred within one year of last live birth:

Abortion clients:

- Endline: 8.4% (N=370)
- 2<sup>nd</sup> Round: 7.8% (N=360)
- Baseline: 8.4% (N=332)

Antenatal clients\*:

- Endline: 3.7% (N=82)
- 2<sup>nd</sup> Round: 5.8% (N=104)

Among those with living children, percent of women whose current or most recent abortion occurred within two years of last live birth:

Abortion clients:

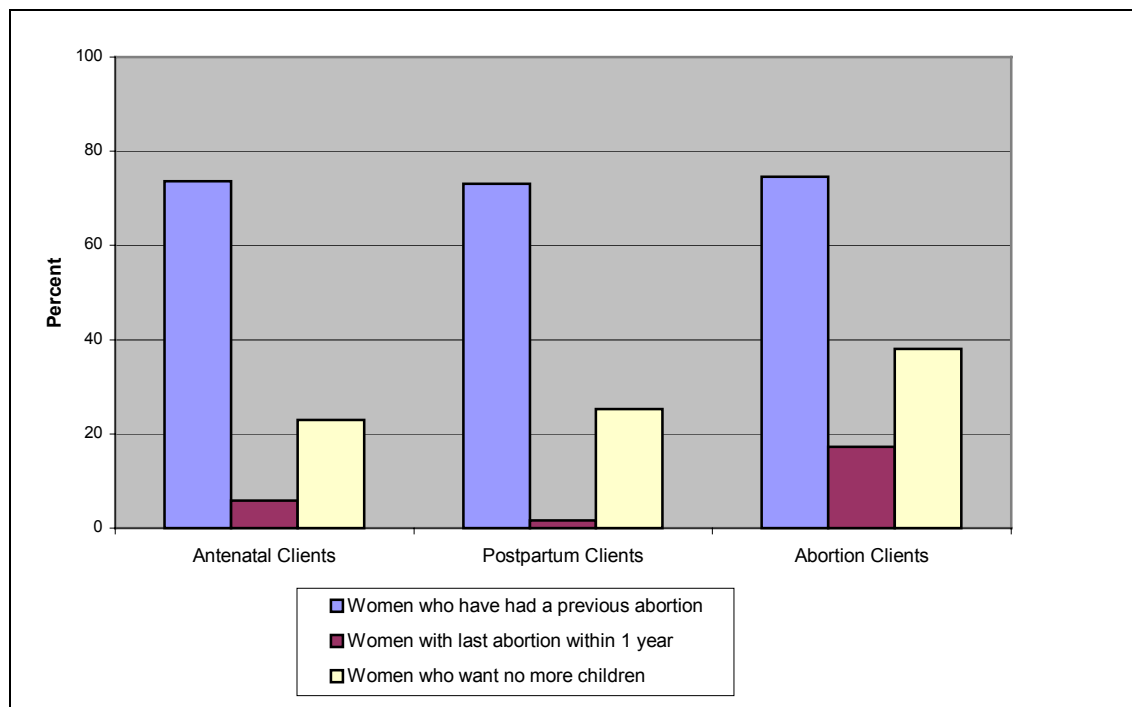
- Endline: 16.8% (N=370)
- 2<sup>nd</sup> Round: 14.4% (N=360)
- Baseline: 16.3% (N=332)

Antenatal clients\*:

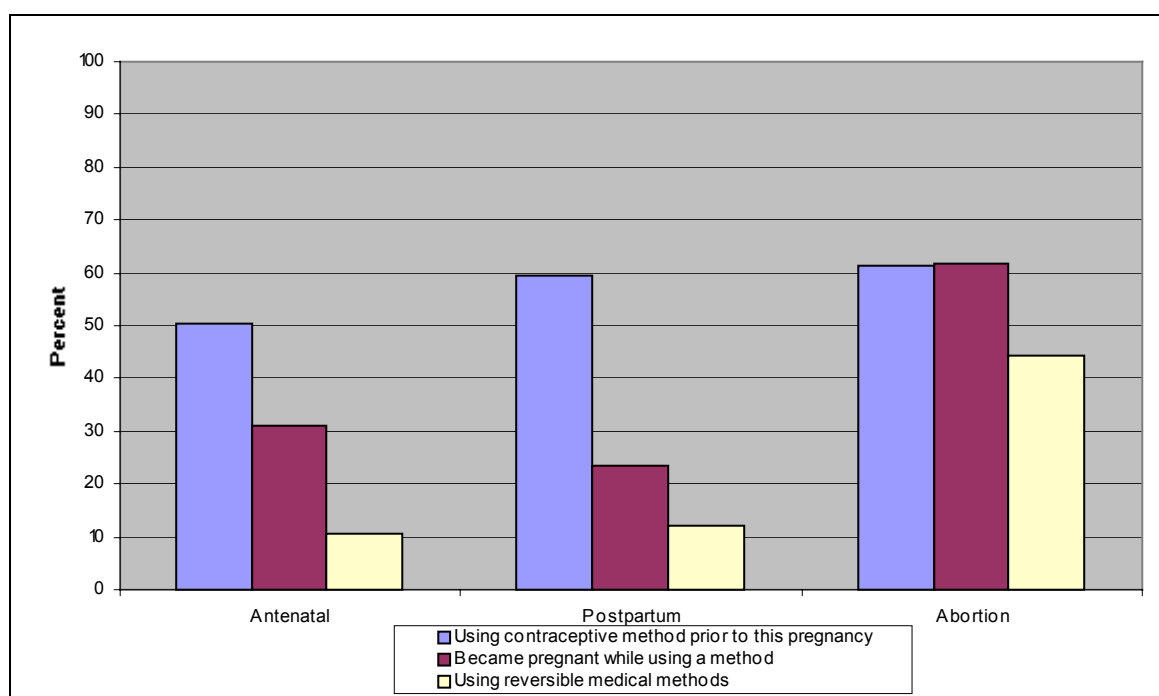
- Endline: 12.2% (N=82)
- 2<sup>nd</sup> Round: 19.2% (N=104)

\* **Note:** In round three, only 82 antenatal clients reported both having experienced an abortion and having at least one live child. Of these 82, 26.8% had their abortion PRIOR to the birth of their youngest child. In round two, only 104 antenatal clients reported both having experienced an abortion and having at least one livin child. Of these 104, 12.5% had their abortion PRIOR to the birth of their youngest child. The results from round two have been revised and updated in this document.

**Figure 3.2 Client abortion history and fertility intentions**



**Figure 3.3 Contraceptive use by different clients**



*Contraceptive use among all clients*

**Table 3.7 Contraceptive use by clients**

	TYPE OF CLIENT		
	ANTENATAL	POSTPARTUM	ABORTION
<b>A. Use/no use of contraceptive method prior to this pregnancy</b>			
% using	50.2	59.6	61.3

% not using	49.8	40.4	38.7
Number of respondents	518	423	527
<b>B. Percent users by method type</b>			
Medical	33.3	32.5	23.8
Barrier	42.4	54.4	51.1
Traditional	24.3	13.1	23.8
Other	0.0	0.0	1.2
Number of respondents	255	252	323
<b>C. Percent who became pregnant while using a method</b>			
% yes	31.2	23.4	61.9
% no	68.8	76.6	38.1
Number of respondents	260	252	323
<b>D. Percent of users of each method type who became pregnant</b>			
Medical	10.6	12.2	44.2
Barrier	36.1	22.6	52.1
Traditional	50.0	(54.5)	98.7
Other	0.0	0.0	*

\*Estimates based on less than 25 cases omitted ( ) Estimates based on 25-49 cases

**Note:** Medical methods include pills, IUD, Depoprovera, and Emergency Contraception; barrier methods include condoms, spermicide/creams/jelly, diaphragm/cervical cap, and condoms + spermicide; traditional methods include LAM, douching, withdrawal and the rhythm method (i.e., natural family planning).

## Key WIN Indicators

### 3<sup>rd</sup> round:

74.6% of abortion clients who had more than one pregnancy were repeat abortion clients

17.2% of repeat abortion clients terminated a pregnancy during the previous year

78.8% of contraceptive users (all clients combined) report using modern methods (medical or barrier methods) prior to this pregnancy

29.4% were using medical methods (oral, IUD, injections, implants, post-coital pill).

### 2<sup>nd</sup> round:

80% of abortion clients who had more than one pregnancy were repeat abortion clients

17.5% of repeat abortion clients terminated a pregnancy during the previous year

80.0% of contraceptive users (all clients combined) report using modern methods (medical or barrier methods) prior to this pregnancy

29.0% were using medical methods (oral, IUD, injections, implants, post-coital pill).

### Baseline:

76% of abortion clients who had more than one pregnancy were repeat abortion clients.

17.1% of repeat abortion clients terminated a pregnancy during the previous year.

79% of contraceptive users (all clients combined) report using modern methods (medical or barrier methods) prior to this pregnancy.

32.5% were using medical methods (oral, IUD, injections, implants, post-coital pill).

#### 4. ABORTION CARE

##### Provider Abortion Care Practices

One hundred and seventeen providers in our sample reported providing either abortion services or post-abortion care for clients.

**Table 4.1 Type of abortion care provided**

SERVICE PROVIDED	Type of Provider	
	DOCTOR (%)	MIDWIFE (%)
Mini-abortion only	5.15	0.0
All types of abortion services	22.6	0.0
Counseling only	42.3	100.0
Number of respondents	97	5

\* Columns do not add to 100% because the table does not include all possible combinations of responses

**Note:** There are 15 providers designated as 'other' who provide abortion services, which together with 97 doctors and 5 midwives total 117.

**Table 4.2 Reported information given by abortion providers (N=117)**

PROVIDER HIM/HERSELF GIVES:	YES (%)	NO (%)
Information to client before procedure	83.8	16.2
Information to client during procedure	38.5	61.5
Medication for pain*	62.4	35.9
Information to client about post-abortion self-care**	95.7	2.6
Sees patient for post-abortion check	49.6	
Refers to other provider at this facility for check	11.1	
Refers to other provider at other facility for check	32.5	
Not applicable	6.8	

\* 1.7% give medication to some of their clients

\*\* 1.7% responded 'don't know'

##### *Post-abortion contraceptive counseling reported by providers*

**Table 4.3 Post-abortion counseling reported by providers**

	PROVIDERS (%)
Talks about contraceptive method at time of procedure	88.9
Informs the woman of when she can again become pregnant	92.3
Number of respondents	117
<b>Reponses to the question,</b> <b>"When can a woman become pregnant again?"</b>	
Within two weeks	75.0
Between 2-4 weeks	14.8
After menses returns or after one month	6.5
Other	3.7
Number of respondents*	108

\* Only those providers who said they informed the client of when she can get pregnant again were asked this question.

**Note:** The categories are slightly different from baseline survey/report

## Abortion Client Experiences and Perceptions

Figure 4.1 Fertility desires of abortion clients by current age

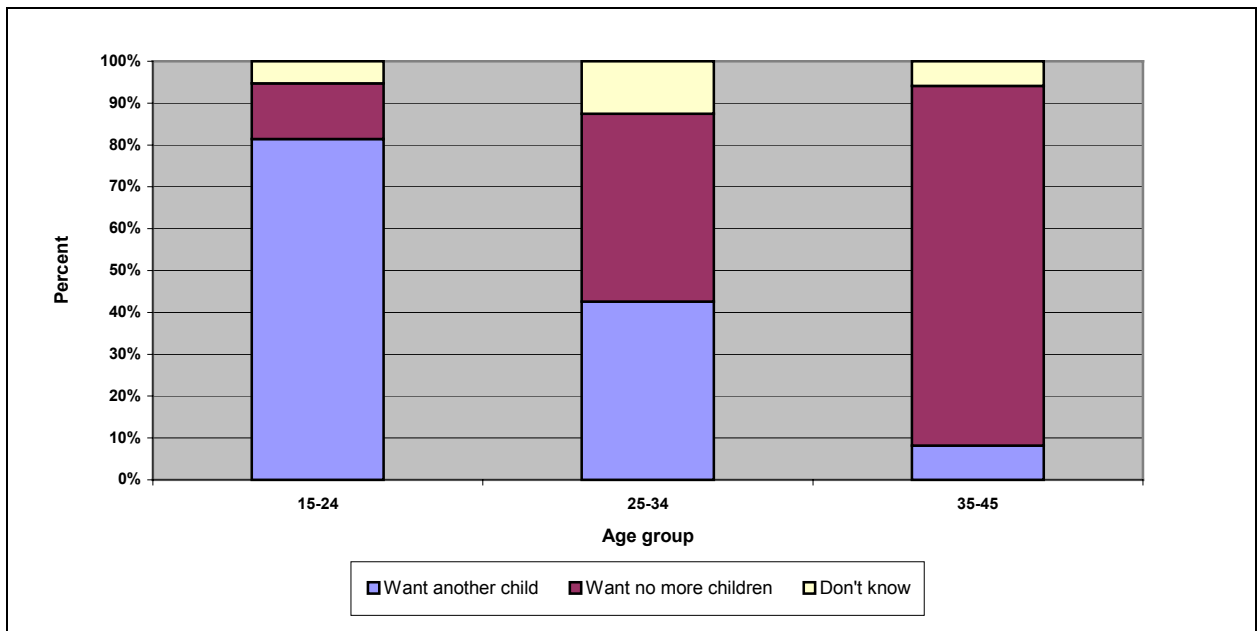


Table 4.4 Abortion clients planning to have a child in the future by age group

	10-YEAR AGE GROUPS			TOTAL (%)
	15-24 (%)	25-34 (%)	35-45 (%)	
Yes	81.4	42.6	8.2	53.7
No	13.3	44.9	85.9	38.0
Don't know	5.3	12.5	5.9	8.3

Total	100	100	100	100
Number of respondents	226	216	85	527



**Table 4.5 Distribution of last method used by whether pregnancy occurred while using the method**

	% OF ALL USERS USING EACH METHOD	% OF USERS OF EACH METHOD WHO BECAME PREGNANT	% OF USERS OF METHOD TYPE WHO BECAME PREGNANT
<b>Medical reversible (N=77)</b>			44.2
Pills (N=36)	11.1	(36.1)	
IUD (N=26)	8.0	(26.9)	
Injection (N=1)	0.3	*	
Post-coital pill (N=14)	4.3	*	
<b>Barrier (N=165)</b>			52.1
Condoms** (N=121)	37.4	41.3	
Spermicide/creams/jelly (N=44)	13.6	(81.8)	
Diaphragm/cervical cap (N=0)	0.0		
<b>Traditional (N=77)</b>			98.7
LAM (N=9)	2.8	*	
Douching (N=0)	0.0		
Rhythm/withdrawal (N=68)	21.0	(98.5)	
<b>Other (N=4)</b>	1.2	*	*
<b>Total (N=323)</b>	100		61.9

\* Estimates based on less than 25 cases omitted

( ) Estimates based on 25-49 cases

\*\* Includes clients that are using condoms and spermicides together.

**Table 4.6 Reasons for not using a method**

	CLIENTS (%)
Wanted to get pregnant	8.3
Had method, forgot to use	16.7
Too expensive	0.0
Could not obtain any method	1.5
Abortion easy to obtain	3.4
Other	27.5
Don't know/unsure	42.6
Total	100
Number of respondents	204

**Table 4.7 Distributions of abortions and reasons for obtaining abortion**

	<b>CLIENTS (%)</b>
<b>Type of abortion</b>	
Mini-abortion	19.9
Regular abortion	76.9
Late-term abortion	3.0
Missing	0.2
<b>Reasons for abortion*</b>	
Not a good time	29.2
Pregnancy dangerous to life/health	2.5
Risk of birth defect	3.8
Socioeconomic reasons	36.2
Do not have partner	1.3
Partner wanted abortion	4.7
Respondent did not want more children	21.8
Other	4.9
Don't know	0.8
Number of respondents	527

\* Percentages add up to more than 100% because more than one reason may have been reported.

### *Experience of abortion services*

**Table 4.8 Reports by abortion clients of experience of service provided**

	<b>PERCENT</b>
<b>Doctor gave information, prior to the procedure, about what would happen during the procedure</b>	65.3
<b>Doctor gave an opportunity to ask questions</b>	86.0
<b>During the procedure, client was:</b>	
Awake	10.6
Half awake	2.1
Asleep	87.3
Number of respondents	527
<b>Of those women not asleep:</b>	
<b>Doctor explained what was happening during the procedure</b>	
Yes	91.0
No	9.0
<b>Woman wanted to know what was happening</b>	
Yes	70.1
No	29.9
<b>Woman was comforted during the procedure</b>	
Yes	95.5
No	4.5
<b>Woman was given medication to ease the pain</b>	
Yes	97.0
No	3.0
Number of respondents	67
<b>Of all respondents:</b>	
<b>Woman felt pain during the procedure</b>	
Yes	9.5
No	90.5
Number of respondents	527

**Table 4.9 Information received by client about post-abortion care**

	PERCENT
<b>Told how to care for herself at home</b>	
Yes	97.2
No	2.8
<b>Told when to make a follow-up visit</b>	
Yes	86.0
No	14.0
Number of respondents	527

*Plans for post-abortion contraceptive use and contraceptive knowledge*

**Table 4.10 Post-abortion contraceptive counseling**

	PERCENT
<b>Medical staff talked about how to avoid another unplanned pregnancy (on day of abortion)</b>	
Yes	91.5
No	8.5
Number of respondents	527
<b>Pregnancy prevention information given</b>	
Respectfully	97.9
With indifference	1.9
Disrespectfully	0.2
Number of respondents	482
<b>Questions encouraged</b>	
Yes	96.9
No	3.1
Number of respondents	482
<b>Client would like partner to participate in pregnancy prevention counseling*</b>	
Yes	78.8
No	21.2
Number of respondents	500

\* Excludes 6 women whose partners attended a counseling session that day and 21 women who report having no regular partner

**Table 4.11 Choice of contraceptive method for post-abortion clients**

	PERCENT
Planning to use a method	83.3
Not yet chosen a method	13.7
Not planning to use a method	3.0
Number of respondents	527
<b>Contraceptive method of choice (N=439)</b>	
Oral contraceptives	31.9
IUD	36.9
Injections or implants	2.7
Condoms**	18.2
Spermicides, jelly, or creams	2.5
Post-coital pill (emergency contraception)	0.2
Tubal ligation	5.7
Vasectomy	0.2
Natural family planning or withdrawal	0.7
Other	0.9
Total	100
<b>Discussed use of this method with (N=439):</b>	
Medical staff	66.1
No one	33.9

\*\* Includes clients that are using condoms and spermicides together.

### Key WIN Indicators

3<sup>rd</sup> round:

17.2% of repeat abortion clients (gravidity 2 or more) had an abortion within the previous calendar year.

91.5% of post-abortion clients received or were offered family planning counseling on the day of the abortion at the facility where the abortion took place.

83.3% of abortion clients who know what method they will use post-abortion name a medical reversible method and 98.3% name a modern method—medical reversible, sterilization, or barrier.

66.1% of women discussed use of their chosen method with a member of facility medical staff.

Of these women, 84.5% said that the person had clearly explained how the method works, described the possible side effects, and explained what to do in case of problems with the method (an indicator of the quality of counseling provided).

2<sup>nd</sup> round:

17.5% of repeat abortion clients (gravidity 2 or more) had an abortion within the previous calendar year.

82% of post-abortion clients received or were offered family planning counseling on the day of the abortion at the facility where the abortion took place.

76% of abortion clients who know what method they will use post-abortion name a medical reversible method and 99% name a modern method—medical reversible, sterilization, or barrier.

64% of women discussed use of their chosen method with a member of facility medical staff.

Of these women, 88.7% said that the person had clearly explained how the method works, described the possible side effects, and explained what to do in case of problems with the method (an indicator of the quality of counseling provided).

Baseline:

17.1% of repeat abortion clients (gravidity 2 or more) had an abortion within the previous calendar year

41% of post-abortion women received or were offered family planning counseling on the day of the abortion at the facility where the abortion took place.

More than 75% of abortion clients who know what method they will use post-abortion name a medical reversible method and more than 90% name a modern method – medical reversible, sterilization or barrier.

48% of women discussed use of their chosen method with a member of facility medical staff.

Of these women, 83% said that the person had clearly explained how the method works, described the possible side effects, and explained what to do in case of problems with the method (an indicator of the quality of counseling provided).

## 5. ANTENATAL CARE

Since some of the WIN Project training focuses on evidence-based antenatal care, the three surveys have sought to obtain a great deal of detailed information about changes in antenatal provider knowledge and practices and whether or not these changes have been sustained over time. The WIN Project aims to ensure that all providers know which interventions have proven value and which may be unnecessary or even harmful to a pregnant women and fetus.

### Provider Antenatal Care Practices

**Table 5.1 Providers of ANC care in women's consultation by type of provider**

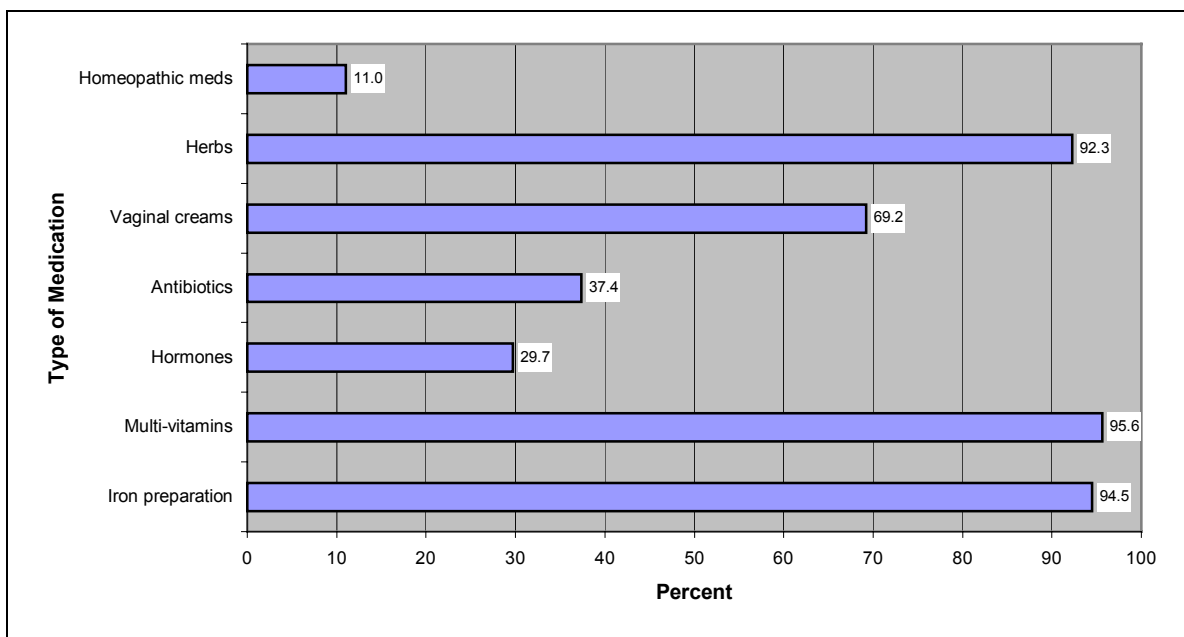
	YES (%)
Obstetrician/Gynecologist	80.2
Midwife	16.5
Other	3.3
Number of respondents	91

**Table 5.2 Antenatal care reported by providers**

	YES (%)
<b>A. Routine Care Practices</b>	
Test for syphilis	98.9
Test for anemia	98.9
Screen for high risk pregnancies	97.8
Order ultrasound procedure	98.9
<b>B. Usual Prescribing Practices</b>	
Iron Preparations	94.5
Of those prescribing iron (N=88*), duration for which provided:	
Less than 4 weeks	35.2
One month	54.5
Other answers	10.2
Number of respondents	91

\* Includes two providers who responded 'no' when asked if they had prescribed iron to pregnant women

**Figure 5.1 Percent of antenatal care providers who usually prescribe various medications during pregnancy**



**Table 5.3 Topics discussed with antenatal clients (N=91)**

INFORMATION TOPICS	YES (%)	NO (%)
STDs, HIV or AIDS	98.9	1.1
Ask about/examine for domestic abuse	7.7	92.3
Postpartum contraception	93.4	6.6
Exclusive breastfeeding	98.9	1.1
Discuss warning signs for complications	98.9	1.1
Discuss warning signs for complications with partner/family	12.1	87.9
Partner/family participation during childbirth	96.7	3.3

**Table 5.4 Signs for which women are advised to seek care**

	YES (%)
Bleeding	96.7
Acute/constant abdominal pain	88.9
Headaches or blurred vision	76.7
Fever	21.1
Premature rupture of membranes	56.7
Premature labor	35.6
Burning with urination	5.6
Vaginal itching/foul odor	15.6
Swollen face/hands	35.6
Swollen legs	62.2
Reduced fetal movements	72.2
Other	27.8
Number of respondents	90

**Table 5.5 Reasons for classifying a pregnancy as high risk\***

REASON MENTIONED	YES (%)
Extra-genital pathology	86.8
Renal diseases	36.3
Anemia	25.3
STDs	25.3
High blood pressure	38.5
Obesity	25.3
Smoking	33.0
Other	84.6
Total number of respondents	91

\* Percentages do not add up to 100 because providers could give more than one answer

### *Breast-feeding knowledge and advice*

**Table 5.6 Usual recommendations to antenatal clients**

	YES (%)
Rooming-in	89.0
Breastfeeding on demand	94.5
Scheduled breastfeeds	7.7
Partner or family member present at birth	93.4
Woman's participation in her own care	98.9
Childbirth preparation together (woman and partner)	89.0
Total number of respondents	91

**Note:** Three providers responded that they recommend breastfeeding on demand AND scheduled breastfeeds



### Key WIN Indicator

Percent of providers who can correctly define ‘exclusive breastfeeding’

#### Proxy Indicators:

3<sup>rd</sup> round:

98.9% of providers say they discuss exclusive breastfeeding with their antenatal clients.

89% of providers say they recommend ‘exclusive breastfeeding’ for the first six months.

2<sup>nd</sup> round:

99% of providers say they discuss exclusive breastfeeding with their antenatal clients.

94% of providers say they recommend ‘exclusive breast feeding’ (giving breast milk and nothing else except vitamins, mineral supplements or medicine) for the first six months.

Baseline:

74 % of providers say they discuss exclusive breastfeeding with their antenatal clients.

47 % say they recommend giving only breast milk and nothing else (except vitamin and mineral supplements or medicine) for the first 6 months.

### Antenatal client experiences and perceptions

**Table 5.7 Trimester of first and current antenatal visit**

	CLIENTS (%)
<b>Trimester of first antenatal visit</b>	
First	80.9
Second	16.4
Third	2.6
Number of respondents	518
<b>Trimester of pregnancy of current visit</b>	
First	4.4
Second	18.3

Third	77.2
Number of respondents	518

**Note:** First trimester = 1 week up to and including 12 weeks, second trimester = 13 weeks up to and including 24 weeks, and third trimester = 25 weeks and above. This is the same way that Elizabeth calculated these figures.

### *Contraceptive use and fertility intentions*

**Table 5.8 Distribution of last method used by whether pregnancy occurred while using the method**

	% OF ALL USERS USING EACH METHOD	% OF USERS OF EACH METHOD WHO BECAME PREGNANT	% OF USERS OF METHOD TYPE WHO BECAME PREGNANT
<b>Medical reversible (N=85)</b>			10.6
Pills (N=55)	21.2	10.9	
IUD (N=25)	9.6	(4.0)	
Injection (N=2)	0.8	*	
Post-coital pill (N=3)	1.2	*	
<b>Barrier (N=108)</b>			36.1
Condoms** (N=98)	37.7	36.7	
Spermicide/creams/jelly (N=10)	3.8	*	
Diaphragm/cervical cap (N=0)	0.0	*	
<b>Traditional (N=62)</b>			50.0
LAM (N=1)	0.4	*	
Douching (N=22)	8.5	*	
Rhythm/withdrawal (N=39)	15.0	46.2	
Missing (N=5)	1.9	*	
<b>Total</b>	100		31.2
Number of respondents	260		

\* Estimates based on less than 25 cases omitted

( ) Estimates based on 25-49 cases

\*\* Includes clients that are using condoms and spermicides together.

**Table 5.9 Reasons for not using a method**

	CLIENTS (%)
Wanted to get pregnant	75.6
Had method, forgot to use	3.9
Too expensive	0.4
Could not obtain any method	0.8
Abortion easy to obtain	0.8
Other	5.4
Don't know/unsure	13.2
Total	100
Number of respondents	258

**Table 5.10 Future pregnancy intentions by age group**

	10-YEAR AGE GROUPS			
	15-24	25-34	35-45	ALL AGES
Wait three years or less	14.7	14.9	0.0	14.2
Wait more than three years	35.0	13.4	0.0	25.2
Want no more children	6.6	41.8	75.0	23.0
Don't know	43.7	29.9	25.0	37.6
Total	100	100	100	100
Number of respondents*				500

\*Excludes 18 clients who report having no regular partner

*Care received in the antenatal period*

**Table 5.11 Ultrasound procedures experienced by antenatal clients**

	CLIENTS (%)		
<b>Ultrasound this pregnancy</b>			92.9
Number of respondents			518
<b>Distribution of ultrasounds by trimester of pregnancy</b>	<b>1st</b>	<b>2nd</b>	<b>3rd</b>
0	*	0.0	0.0
1	*	59.5	17.1
2	*	35.1	44.5
3+		5.5	38.5
Number of respondents	9	74	398
<b>Told reason for ultrasound</b>			83.4
Number of respondents			481

( ) Estimates based on 25-49 cases

\* Estimates based on less than 25 cases

**Table 5.12 Experience of services provided**

	YES (%)
<b>Given any prescription for medication during this pregnancy</b>	87.3
Given iron preparation	38.6
Given multi-vitamins	82.8
Given others	58.9
Number of respondents	518
<b>Told reason for that medication</b>	96.0
<b>Took the medication</b>	90.0
Number of respondents	452
<b>Received information on:</b>	
STDs, HIV, AIDS	47.9
Alcohol and cigarettes	69.5
Drugs	47.1
Nutrition during pregnancy	91.7
Physical and emotional changes during pregnancy	66.4
Partner/family participation support during childbirth	64.5
Option to have baby with her day and night	59.7

<b>Any of these topics discussed with partner/family members</b>	25.5
Number of respondents	518

**Note:** The N for the iron prep, multi-vitamins and others is 518, i.e. all antenatal clients and not only those who were given a prescription for medication. Of those who were given a prescription for medication (N=452), 44.2% were told to take iron, 94.9% were told to take multivitamins, and 67.5% were told to take others.

### *Explanation of danger signs – women's reports*

**Table 5.13 Explanation of danger signs**

	CLIENTS (%)
<b>Doctor discussed danger signs requiring immediate medical attention</b>	83.8
Number of respondents	518
<b>Signs doctor mentioned to client</b>	
Bleeding or spotting	80.9
Headaches or blurred vision	28.3
Abdominal pain	83.2
Fever	9.9
Premature rupture of membranes	32.0
Premature labor	26.5
Burning with urination	1.8
Vaginal itching or foul odor	6.5
Swollen face or hands	20.3
Reduced fetal movements	37.3
Other	18.2
Number of respondents	434
<b>Doctor gave this information to client's partner/family or provided them with the material</b>	25.3
Number of respondents	518

**Note:** Question 214 actually asks the whether the doctor gave the info to client's partner/family OR gave client any written material about these danger signs to take home. Thus the wording in Table 5.13 is a bit misleading.

**Table 5.14 Percent of women wanting various persons for support during childbirth**

	AGE GROUP			
	15-24 (%)	25-34 (%)	35-45 (%)	TOTAL (%)
Baby's father	51.0	56.9	(44.0)	52.9
Other family member	12.2	4.1	(4.0)	8.7
Female friend	1.4	0.0	(4.0)	1.0
No one	20.6	34.0	(44.0)	26.8
Don't know	14.9	5.1	(4.0)	10.6
Number of respondents	296	197	25	518

( ) Estimates based on 25-49 cases.

*Preparation for the postpartum period*

**Table 5.15 Topics clients reported being told about in antenatal visits**

<b>INFORMATION TOPIC</b>	<b>YES (%)</b>
Exclusive breastfeeding	65.8
Care of your newborn	38.8
Care of yourself after delivery	35.1
Number of respondents	518

**Table 5.16 Antenatal clients opinions on sources of breast feeding advice**

<b>BEST PERSON TO CONSULT ABOUT BREASTFEEDING</b>	<b>CLIENTS (%)</b>
Obstetrician	23.4
Neonatologist/pediatrician	54.6
Midwife	1.5
Nurse	1.9
Friend	1.2
Family member	12.9
Breastfeeding support group	0.2
Other	2.9
Don't know	1.4
Number of respondents	518

**Table 5.17 Women's beliefs about breastfeeding as contraception**

	<b>CLIENTS (%)</b>
<b>Think breastfeeding can be used as contraception</b>	
Yes	38.0
No	25.9
Don't know	36.1
<b>Of those responding yes (N=197)</b>	
<b>know all three correct conditions when it is effective</b>	6.1
<b>LAM was discussed with client</b>	42.5
Number of respondents	518

**Note:** If the conditions of 'when baby feeds on demand' and 'when baby feeds at least 10 times each 24 hours' can be considered the same as 'no supplementation', then the percent of women (N=197) who know all three correct conditions when it is effective increases to 10.2.

**Table 5.18a Postpartum Contraception**

	<b>CLIENTS (%)</b>
<b>Planning to use a contraceptive postpartum</b>	76.8
Number of respondents	518
<b>Distribution of Methods</b>	
Medical	38.4
Barriers	16.1
LAM	34.4
Rhythm or withdrawal	0.3
Sterilization	2.3
Other	8.5
Number of respondents	398
<b>When are you planning to start using that method?</b>	
Immediately after the birth	14.9
After a follow up visit	34.9
After my menses returns	2.7
When sexual relations start	20.3
Other	18.8
Not sure	8.4
Number of respondents*	261

\* Excludes 137 clients who want to use the LAM method

**Table 5.18b Plans for postpartum contraception by type of method and start timeframe**

	TYPE OF METHOD					TOTAL (%)
	MEDICAL (%)	BARRIER (%)	WITHDRAWAL/ RHYTHM (%)	STERILIZATION (%)	OTHER (%)	
Immediately after the birth	13.1	12.5		*	(17.6)	14.9
After follow-up visit to women's consultation	47.1	9.4		*	(35.3)	34.9
After menses returns	3.3	3.1			(0.0)	2.7
When sexual relations start	11.8	51.6	*		(2.9)	20.3
Other	17.0	17.2		*	(26.5)	18.8
Not sure	7.8	6.3			(17.6)	8.4
Total	100	100			100	100
Number of respondents**	153	64	1	9	34	261

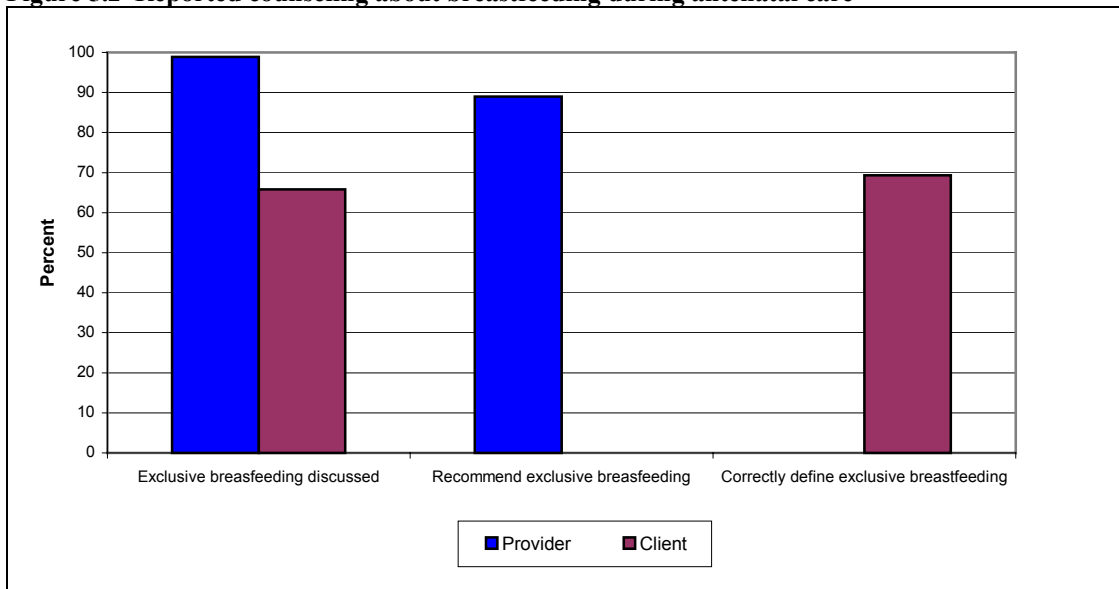
\* Estimates based on less than 25 cases omitted

( ) Estimates based on 25-49 cases

\*\* Excludes 137 clients planning to use LAM

**Table 5.19 When a child should be given other liquids or foods in addition to breast milk?**

AGE OF CHILD	CLIENTS (%)
At four or five months	11.6
At six months	63.5
At more than six months	5.3
At less than four months/Don't know	19.7
Number of respondents	518

**Figure 5.2 Reported counseling about breastfeeding during antenatal care**

**Note:** 98.3% of the antenatal clients report that they are planning to breastfeed their babies.

### **Key WIN Indicator**

3<sup>rd</sup> round:

69.3% of antenatal clients can correctly define 'exclusive breastfeeding'

By City:

V. Novgorod 36.4% (N=151)

Perm 81.9% (N=238)

Berezniki 84.5% (N=129)

2<sup>nd</sup> round:

67.0% of antenatal clients can correctly define 'exclusive breastfeeding'

Baseline:

56.0% of antenatal clients can correctly define 'exclusive breastfeeding'



## 6. DELIVERY AND POSTPARTUM CARE FOR WOMEN

### Providers of Maternity and Neonatal Care

We questioned medical staff in maternities who said they provide care for mothers during delivery and postpartum, and those who provide care for neonates and advice about newborns to mothers in maternities. In the endline survey we wanted to document whether or not changes in the ‘usual’ practices in participating facilities, as well as changes in knowledge and attitudes held by these staff about breastfeeding and other subjects were sustained over time. We also included neonatologists and pediatricians who work in children’s polyclinics when examining provider knowledge and attitudes, since these specialists are responsible for much of the counseling women receive about infant feeding.

**Table 6.1 Number of providers of different service by specialty and type of facility**

Table 61. Number of providers of different service by specialty and type of facility						
SERVICE PROVIDED	SPECIALTY OF PROVIDER					TOTAL
	OBSTETRICIAN/ GYNECOLOGIST	NEONATOLOGIST/ PEDIATRICIAN	MIDWIFE	CHILDREN'S NURSE	OTHER	
<b>In Maternity:</b>						
Care for mothers	85	5	41	0	4	135
Care for neonates	26	23	15	19	3	86
<b>In Polyclinic:</b>						
Care for neonates	0	112	0	38	8	159

### Provider practices

#### *Delivery/Postpartum Care for Mothers*

**Table 6.2 Percent of providers reporting usual practices in maternity care**

	PROVIDERS (%)		
	YES	ONLY FOR SOME WOMEN	NO
Perineal shave	4.4	11.1	84.4
Axillary shave	3.7	7.4	88.9
Enema	4.4	10.4	85.2
IV solution	4.4	70.4	25.2
Medicine to induce labor	5.2	74.8	20.0
Medicine for pain relief	2.2	81.5	16.3
Restricted to bed rest	2.2	26.7	71.1
Artificial rupture of membranes	1.5	74.8	23.7
Restrict foods	6.7	20.7	72.6
Restrict oral fluids	2.2	19.3	78.5
Episiotomy	0.7	68.1	31.1
Monitor labor with special equipment	13.3	58.5	28.1
Monitor labor with partogram	93.3	3.0	3.7
Allow women to walk	94.1	5.9	0.0
Allow women to sit up	92.6	6.7	0.7
Allow close person to be present during birth	98.5	1.5	0.0
Number of respondents	135	135	135

*Neonatal care practices at time of delivery*

**Table 6.3 Usual care for newborns in maternity care facilities**

PROCEDURE	PROVIDERS (%)		
	ALL NEONATES	SOME NEONATES	NONE
APGAR score recorded	96.5	0.0	3.5
Clean baby with oil	68.6	18.6	12.8
Suction with catheter	22.1	68.6	9.3
Swaddling	79.1	16.3	4.7
Prophylactic eye treatment	96.5	1.2	2.3
Prophylactic treatment of genitals	74.4	14.0	11.6
Weighing of baby	98.8	0.0	1.2
Immediate skin-to-skin contact	88.4	10.5	1.2
Immediate breastfeeding	90.7	9.3	0.0
Number of respondents	86	86	86

*Provider attitudes and beliefs about care and feeding of the neonate*

**Table 6.4 Main contraindications for rooming-in**

	YES (%)	
	DELIVERY CARE PROVIDERS	NEONATAL CARE PROVIDERS*
<b>Rooming-in offered to patients</b>	100	97.7
Number of respondents	135	86
<b>Contraindications:</b>		
Mother is ill	68.1	44.2
Child is ill, weak, or premature	48.1	41.9
Mother is in intensive care	0.0	31.4
Child is in intensive care	0.0	34.9
Mother does not want	3.0	2.3
Mother has nipple/breast problem	0.7	0.0
Caesarian section	2.2	1.2
<b>No contraindications**</b>	20.7	23.3
Other	5.2	3.5
Don't know	0.0	0.0
Number of respondents	135	86

\* Excludes neonatal care givers in children's polyclinics

\*\* One neonatal care provider mentioned 'no contraindications' AND one of the contradictions listed

*Advice on infant feeding*

**Table 6.5 Usual breastfeeding recommendations to postpartum clients**

	YES (%)	
	DELIVERY CARE PROVIDERS	NEONATAL CARE PROVIDERS
<b>Counsel women about breastfeeding</b>	68.1	79.6
Number of respondents	135	245
<b>Recommend the following to mothers*:</b>		
Exclusive breastfeeding	100.0	99.5
Supplementing with formula	2.2	2.6
Supplementing with water	6.5	2.1
Increasing milk supply by feeding on demand	93.5	97.4
Breastfeeding on a schedule	0.0	1.5
Restricting duration of breastfeeding	0.0	2.6
Washing nipples at each breastfeed	8.7	10.8
Number of respondents	92	195

\* Column percentages do not add up to 100 because multiple responses were allowed

**Note:** Eight neonatal providers and seven delivery care providers recommend both exclusive breastfeeding AND supplementing

**Note:** Two neonatal providers recommend both breastfeeding on demand AND on schedule

**Table 6.6 Advice on timing of first breastfeeding**

	YES (%)	
	DELIVERY CARE PROVIDERS	NEONATAL CARE PROVIDERS
<b>Begin breastfeeding:</b>		
During first hour after birth	99.3	97.6
One to two hours after birth	0.7	0.4
Other	0.0	2.0
Total	100	100
Number of respondents	135	245

**Table 6.7 Advice on when mothers should supplement breastfeeding**

	PROVIDERS (%)	
	DELIVERY CARE	NEONATAL CARE
<b>Begin supplementing at:</b>		
< 1 month	1.1	0.0
1 month	0.0	0.0
2 months	0.0	0.5
3 months	3.3	2.1
4 months	2.2	1.0
5 months	1.1	1.0
6 months	68.5	84.6
7-9 months	14.2	8.7
Other	9.8	2.0
Total	100	100

**Table 6.8 Conditions under which breastfeeding is contraindicated**

	PROVIDERS (%)	
	DELIVERY CARE	NEONATAL CARE
Mother is ill	76.1	75.1
Child is ill or weak	47.8	47.8
Baby is premature	4.3	6.1
Nipple/breast problems	4.3	2.9
Cesarean birth	0.0	1.2
Mother does not have enough milk	0.0	0.0
Mother does not want to	0.0	0.8
Baby refuses	0.0	1.2
Other reasons	6.5	7.3
No contraindications*	10.9	22.9
Don't know	0.0	0.4
Number of respondents	92	245

\* Eighteen neonatal care providers mention both no contraindications AND at least one contraindication

### Key WIN Indicators

#### 3<sup>rd</sup> round:

Of those who counsel on breastfeeding 94.4% of neonatal caregivers and 90.2% of delivery caregivers recommend exclusive breastfeeding for the first six months

**Note:** Recommending exclusive breastfeeding means that the provider said she/he recommends feeding the baby breast milk and vitamin, mineral supplements, or medicine OR breast milk and nothing else for the first six months.

#### 2<sup>nd</sup> round:

Of those who counsel on breastfeeding, 97% of neonatal caregivers and 91% of delivery caregivers recommend exclusive breastfeeding for the first six months

#### Baseline:

Of those who counsel on breastfeeding, 28% of neonatal caregivers and 27% of delivery caregivers recommend exclusive breastfeeding for the first six months

## Postpartum Client Experiences and Perceptions

Four hundred and twenty-three women were interviewed during the postpartum period. Most of these women were interviewed very close to their day of discharge from a maternity ward.

### *Fertility intentions*

**Table 6.9 Future pregnancy intentions by age group**

	10-YEAR AGE GROUPS			ALL AGES (%)
	15-24 (%)	25-34 (%)	35-45 (%)	
Wait three years or less	11.3	11.7	(3.4)	10.9
Wait more than three years	41.9	19.6	(0.0)	29.2
Want no more children	32.0	20.1	(10.3)	25.3
Don't know	14.8	48.6	(86.2)	34.5
Total	100	100	100	100
Number of respondents*	203	179	29	411

\* Excludes 12 clients who report having no regular partner

( ) Estimates based on 25-49 cases

### *Contraceptive experience*

**Table 6.10 Distribution of last method used by whether pregnancy occurred while using the method**

	% ALL USERS USING EACH METHOD	% OF USERS OF EACH METHOD WHO BECAME PREGNANT	% OF USERS OF METHOD TYPE WHO BECAME PREGNANT
<b>Medical reversible (N=82)</b>			12.2
Pills (N=60)	23.8	10.0	
IUD (N=18)	7.1	*	
Injection (N=0)	0.0	*	
Post-coital pill (N=4)	1.6	*	
<b>Barrier (N=137)</b>			22.6
Condoms** (N=122)	48.4	19.7	
Spermicide/creams/jelly (N=15)	6.0	*	
Diaphragm/cervical cap (N=0)	0.0	*	
<b>Traditional (N=33)</b>			54.5
LAM (N=1)	0.4	*	
Douching (N=16)	6.3	*	
Rhythm method (N=16)	6.3	*	
Other (N=0)	0.0	*	
<b>Total</b>	100		23.4
Number of respondents	252		

\* Estimates based on less than 25 cases omitted

( ) Estimates based on 25-49 cases

\*\* Includes users of condoms and spermicides together

**Table 6.11 Percent of postpartum women reporting delivery by city of residence**

	CASES (%)			
	V. NOVGOROD	PERM	BEREZNIKI	TOTAL
Cesarean sections	24.8	18.4	13.6	19.4
Vaginal deliveries	75.2	81.6	86.4	80.6
Total	100	100	100	100
Number of respondents*	129	201	88	418

\* Excludes five clients who reported giving birth at home

**Table 6.12 Percent distribution of reasons for Cesarean section**

REASON	CLIENTS (%)
Fetal distress	9.4
Pregnancy-induced hypertension	10.6
Prolonged labor	10.6
Prolonged pushing	2.4
Baby too big	14.1
Pervious Cesarean	12.9
Heart disease (mother)	1.2
Other	38.8
Total	100
Number of respondents	85

**Table 6.13 Practices during labor and delivery reported by clients**

	YES (%)			TOTAL
	V. NOVGOROD	PERM	BEREZNIKI	
Perineal shave*	37.2	7.5	4.5	16.0
Axillary shave**	7.8	0.0	0.0	2.4
Enema	55.8	3.0	6.8	20.1
IV solution	66.7	34.8	53.4	48.6
Medicine to induce labor	37.2	16.4	20.5	23.7
Medicine for pain relief	59.7	29.4	59.1	45.0
Restricted to bed rest	18.6	11.4	17.0	14.8
Restricted in what you could eat	27.1	14.4	22.7	20.1
Restricted in what you could drink	28.7	7.5	18.2	16.3
Artificial rupture of membranes	52.7	44.8	29.5	44.0
Had an episiotomy	24.0	13.4	2.3	14.4
Ambulatory during labor	72.1	82.6	86.4	80.1
Not allowed to sit up	26.4	8.5	13.6	15.1
No close person supporting at birth	60.5	49.8	43.2	51.7
Prefer no close person at next birth	41.9	31.3	29.5	34.2
Number of respondents***	129	201	88	418

\* Between 11% and 42% reported that they themselves had done the shave at home

\*\* Between 7% and 53% reported that they had performed the underarm shave at home

\*\*\* Excludes five clients who reported giving birth at home

**Note:** Of the clients who reported that they were given medicine for pain relief (N=188), 93.1% reported that they wanted the pain relief medication. Of the clients who reported that they were not given medicine for pain relief (N=217), 35.5% reported that they, in fact, wanted pain relief.

**Table 6.14 Distribution of problems during pregnancy\***

REASON	CLIENTS (%)
Risk of loss of a pregnancy	42.3
Gestosis	12.9
Oedema	19.4
Renal disease	10.4
Toxicosis	6.0
Albuminuria	4.0
Anemia	17.9
High arterial pressure	13.4
Problems with placenta	7.0
Vascular dystonia	3.5
Don't know	0.0
Other	26.4
Number of respondents	201

\* Columns do not add up to 100% because multiple responses were allowed

*Family-centered maternity care*

**Table 6.15 Women's choice of support during labor**

	CLIENTS (%)
<b>Had no close person present at birth</b>	51.7
<b>Support preference, if another birth:</b>	
No one	34.2
Baby's father	52.6
Other family member	10.5
Friend	0.5
Don't know	2.2
Number of respondents*	418

\* Excludes five clients who reported giving birth at home

**Table 6.16 Postpartum clients reports of 'rooming-in' experiences**

ROOMING-IN EXPERIENCE	CLIENTS (%)
<b>Had baby with her night and day</b>	78.5
Number of respondents	423
<b>Of those who had rooming in:</b>	
<b>baby taken to nursery 1st night</b>	6.9
Number of respondents	332
<b>Of those who did not have rooming-in:</b>	
<b>offered rooming in option</b>	26.4
Number of respondents	91

**Table 6.17 Timing of first skin-to-skin contact**

	CLIENTS (%)
Less than 1 hour after delivery	82.0
Within 24 hours	4.7
24 hours or more	1.2
Not yet	10.4
Don't remember	1.7
Total	100
Number of respondents	423



*Breast feeding attitudes and practice*

**Table 6.18 Breastfeeding recommendations from facility staff reported by women\***

	YES (%)			TOTAL
	V. NOVGOROD	PERM	BEREZNIKI	
Exclusive breastfeeding	93.1	97.0	95.6	95.5
Supplementing with formula	5.3	3.5	5.6	4.5
Supplementing with water	1.5	0.5	3.3	1.4
Increasing milk supply by feeding on demand	84.0	93.1	94.4	90.5
Breastfeeding on a schedule	9.9	6.9	4.4	7.3
Restricting the duration of breastfeeding	4.6	1.0	2.2	2.4
Washing the nipples at each breastfeed	14.5	19.3	3.3	14.4
Number of respondents	131	202	90	423

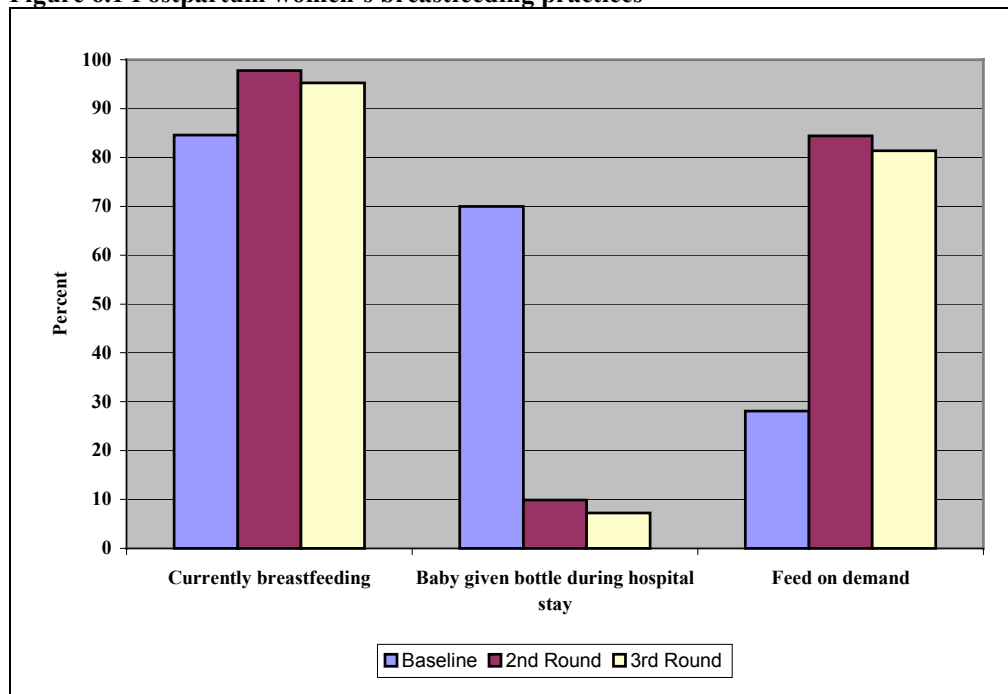
\* Columns do not add up to 100% because multiple responses were allowed

**Table 6.19 Breastfeeding practices reported by postpartum women**

	CLIENTS (%)
<b>Currently breastfeeding</b>	95.3
Number of respondents	423
<b>Of those currently breastfeeding:</b>	
Baby given drink from bottle during hospital stay	7.2
Frequency of breastfeeds	
On schedule	12.7
On demand	81.4
As often as they bring baby	6.0
Number of respondents	403
<b>Timing of first breastfeed</b>	
During the first hour after delivery	80.6
Within 24 hours	10.9
24 hours or more after delivery	2.8
Don't remember/did not breastfeed	5.7
Number of respondents	423

**Note:** 20 postpartum women reported that they decided not to breastfeed. Of these, 10 reported that the reason for not breastfeeding was that the child was ill or weak or had died, 3 said that they had a nipple/breast problem, 2 reported that they did not have enough milk, and 5 responded 'other'.

**Figure 6.1 Postpartum women's breastfeeding practices**



**Table 6.20 Postpartum clients opinion on sources of breastfeeding advice**

Best person to consult about breastfeeding	CLIENTS (%)
Obstetrician	11.1
Neonatalogist/pediatrician	68.6
Midwife	3.3
Nurse	4.5
Friend	1.2
Family member	5.9
Breastfeeding support group	1.2
Other	2.8
Don't know	1.4
Total	100
Number of respondents	423

## Key WIN Indicator

3<sup>rd</sup> round:

84.6% of postpartum clients can correctly define 'exclusive breastfeeding'

88% were exclusively breastfed on discharge

2<sup>nd</sup> round:

88% of postpartum clients can correctly define exclusive breastfeeding.

88% were exclusively breastfed on discharge

Baseline:

49% of postpartum clients can correctly define exclusive breastfeeding

25% were exclusively breastfed on discharge

### *Contraceptive knowledge and plans for postpartum use*

**Table 6.21 Postpartum women's beliefs about breastfeeding as contraception**

	CLIENTS (%)
<b>Believe breastfeeding can be used as a contraceptive</b>	
Yes	44.0
No	35.0
Don't know	21.0
Number of respondents	423
<b>Know all three conditions when it is effective</b>	7.0
Number of respondents	186
<b>Provider at this facility discussed LAM</b>	46.8
Number of respondents	423

**Note:** If the conditions of 'when baby feeds on demand' and 'when baby feeds at least 10 times each 24 hours' can be considered the same as 'no supplementation', then the percent of women (N=423) who know all three correct conditions when it is effective increases to 10.8.

**Table 6.22a Plans for postpartum contraception**

	CLIENTS (%)
<b>Knows what contraceptive method she will use</b>	65.0
Number of respondents	423
<b>Distribution of Methods</b>	
Medical	50.2
Barriers	17.1
LAM	26.2
Rhythm or withdrawal	1.4
Sterilization	3.3
Other	1.8
Number of respondents	275
<b>Of those who plan to use method later, they plan to begin using</b>	
Immediately after the birth	3.3
After a follow up visit	28.7
After my menses returns	2.5
When sexual relations start	29.5
Other	20.5
Not sure	15.6
<b>Of those who plan to use method later, type of method they plan to use</b>	
Medical	28.7
Barriers	6.6
LAM	2.5
Rhythm or withdrawal	0.8
Sterilization	0.8
Other	1.6
Don't know	59.0
Number of respondents	122

**Note:** the following info was included in the final report but not as a table

**Table 6.22b Source of contraceptive advice**

	CLIENTS (%)
<b>Client wants to use method she is planning to use</b>	94.9
<b>Client was advised to use this method by:</b>	
No one	52.0
Doctor	39.8
Midwife or nurse	0.8
Her mother or female friend	2.7
Other	4.7
Number of respondents*	256

\*Excludes 19 clients who are planning to use LAM but don't know what method they want to use when LAM is no longer effective.

**Table 6.23 When a child should be given other liquids or foods in addition to breast milk**

<b>Age of Child</b>	<b>CLIENTS (%)</b>
At four or at five months	11.4
At six months	67.1
At more than six months	3.0
At three months or less/Don't know	18.4
Number of respondents	423

### **Key WIN Indicator**

3<sup>rd</sup> round:

65% of postpartum clients know what contraceptive method they will use (**Note:** this statistic excludes those clients who plan to use a contraceptive method later, of which there are 122, and of whom 41% know what method they will later use).

70.6% of these clients report they will use a modern method of birth control postpartum (medical, reversible or sterilization, barrier) and 50.2% will use a medical method .  
Twenty-six percent will use LAM

2<sup>nd</sup> round:

62% of postpartum clients know what contraceptive method they will use.

74 % of these clients report they will use a modern method of birth control postpartum (medical, reversible or sterilization, barrier) and 50 % will use a medical method.  
Twenty-five percent will use LAM.

Baseline:

51% of postpartum clients know what contraceptive method they will use.

93 % of these clients report they will use a modern method of birth control postpartum (medical, reversible or sterilization, barrier) and 72 % will use a medical method. Only 2 of 324 postpartum respondents said they would use LAM.

## 7. CONTRACEPTION AND CONTRACEPTIVE COUNSELING

### Provider Knowledge and Attitudes

**Table 7.1 Percent of providers who counsel clients about contraceptive use**

PROVIDER CHARACTERISTICS	COUNSELS ABOUT CONTRACEPTIVES		
	YES	NO	N=
<b>City</b>			
Veliky Novgorod	40.8	59.2	184
Perm	70.9	29.1	268
Berezniki	81.3	18.8	80
<b>Type of health facility</b>			
Maternity	51.1	48.9	184
Hospital gynecology unit	80.4	19.6	51
Women's consultation	92.1	7.9	101
Children's polyclinic	48.9	51.1	176
Family planning center	*	*	20
<b>Medical specialty</b>			
Obstetrician or gynecologist	89.3	10.7	206
Neonatologist or pediatrician	55.5	44.5	146
Midwife	43.2	56.8	81
Infant nurse	21.0	79.0	62
Other	(45.9)	(54.1)	37
<b>Total**</b>	62.0	38.0	532

\* Estimates based on less than 25 cases omitted

( ) Estimates based on 25-49 cases

\*\* Two providers did not respond to this question

**Table 7.2 Methods providers most commonly discuss with clients, in order of prevalence**

METHOD	MENTIONED (%)
LAM	80.0
Condoms	74.5
Pills	71.5
IUD	68.2
Spermicide/cream/jelly	56.1
Natural family planning	49.7
Tubal ligation	43.9
Injections/Depoprovera	39.7
Diaphragm/cervical cap	15.5
Implants/Norplant	13.9
Vasectomy	9.7
Other	0.3
Number of Respondents	330

**Table 7.3 Percent of providers who report giving different types of advice to pill users**

ADVICE GIVEN	PROVIDERS (%)
<b>When in cycle to begin taking the pill</b>	
Within first 5 days of menstrual bleeding	94.5
Other answers	3.8
Don't know/missing	0.7
<b>STD advice to at-risk pill users*</b>	
Continue to use pill alone	1.7
Continue with the pill but use a condom**	83.5
Switch from the pill to the condom**	11.0
Stop using any type of contraception	0.0
Counsel client on STDs/HIV or refer for counseling	23.7
Other	6.8
Unsure/Don't know	2.1
<b>Symptoms for which user should return to doctor*</b>	
Chest pain/shortage of breath	27.5
Headache	53.0
Vision loss or blurring	21.2
Abdominal pain	39.8
Leg pain	44.1
Excessive/frequent bleeding	68.2
Spotting	32.2
Late menses	56.4
No Symptoms***	1.7
Other	33.9
Number of respondents	236

\* Percentages do not add up to 100 because providers could give more than one answer

\*\* Five providers mentioned both 'continue with the pill but use a condom' AND 'switch from the pill to the condom'.

\*\*\* Two providers mentioned both 'no symptoms' AND at least one specific symptom.

**Table 7.4 Advice providers report giving to IUD and injectable contraceptive users**

	PROVIDER (%)
<b>Symptoms for which IUD users should return to doctor:</b>	
Heavy discharge	50.2
Abnormal spotting or bleeding	72.0
Expulsion or cannot feel threads	56.0
Abdominal pain	75.1
Late menses	56.9
Other	27.1
Number of respondents	225
<b>Symptoms for which users of injectable contraceptives should return to doctor:</b>	
Chest pain/shortage of breath	31.3
Headache	27.5
Vision loss or blurring	7.6
Abdominal pain	26.7
Leg pain	23.7
Excessive/frequent bleeding	49.6
Spotting	25.2
Late menses	27.5
Frequent urination	0.0
Depression	19.8
Other	25.2
Don't know	3.8
Number of respondents	131

**Note:** For tables below, Providers who discuss with women who plan to use LAM as a contraceptive method what method to use after LAM is no longer effective:

Yes	192	59.1 (%)
No	133	40.9 (%)
Total	325	

*Contraception for breast feeding women*

**Table 7.5a Recommended method to succeed LAM for women who plan to continue breastfeeding\***

METHOD	OF PROVIDERS WHO COUNSEL (%)
Mini pills	57.8
Regular pills	6.3
IUD	72.9
Injectable/Depoprovera	22.9
Tubal ligation	4.7
Condoms	66.7
Rhythm method	5.2
Other	15.1
Unsure/Don't know	0.0
Number of respondents	192

\* Columns do not add to 100% because multiple responses were allowed



**Table 7.5b When LAM users should adopt next method of contraception**

	PROVIDERS (%)
When she is 6 months postpartum	75.0
When her menses return	60.4
When she starts to give the baby anything other than breast milk	61.5
Other	19.3
Don't know	0.5
Number of respondents	192

\* Columns do not add to 100% because multiple responses were allowed

**Note:** Only 37% of these respondents (N=192) mentioned all three conditions (see Table 7.5b) and did not mention 'other' and did not mention 'don't know.' This proportion increases to 40.6% if mentioning 'other' is acceptable, although we don't know what that other condition might be (could be incorrect).

**Table 7.6a Contraceptive methods best suited to women who intend to breastfeed\***

METHOD	PROVIDERS WHO COUNSEL (%)	PROVIDERS WHO DON'T COUNSEL (%)	ALL PROVIDERS (%)
Mini pills	7.9	2.0	5.6
Regular pills	0.6	1.0	0.8
IUD	14.8	18.8	16.4
LAM	60.6	43.1	53.9
Injectable/Depoprovera	2.1	0.0	1.3
Tubal ligation	0.0	0.5	0.2
Condoms	12.1	14.4	13.0
Rhythm method	0.3	1.0	0.6
Other	0.0	1.0	0.4
Unsure/Don't know	1.5	18.3	7.9
Number of respondents**	330	202	532

\* Columns do not add to 100% because multiple responses were allowed

\*\* Excludes two providers who did not respond to question 601.

**Table 7.6b When a postpartum woman should start using this method\***

	PROVIDERS (%)
Immediately after the birth	59.9
When her menses return	6.3
When she starts to give her baby anything other than breast milk	5.7
When sexual relations resume	13.8
Six weeks after delivery	20.8
Other	7.5
Don't know	3.1
Number of respondents	491

\* Columns do not add to 100% because multiple responses were allowed

*Male involvement in family planning and reproductive health*

**Table 7.7 Practice and attitudes of providers toward male involvement in family planning**

	<b>PROVIDERS (%)</b>
<b>Person(s) who should make the choice of contraceptive method:</b>	
Woman alone	27.0
Her doctor	6.0
Woman and partner	40.8
Woman and her doctor	10.1
Woman, her partner, and her doctor	15.2
Other/not sure	1.0
Number of respondents	534
<b>Discusses family planning with a woman's husband/partner</b>	17.0
<b>Believes that provision of reproductive health services to men will improve women's health</b>	96.6
<b>Supports providing reproductive health services for men in facility</b>	70.2
Number of respondents	534

## Client Contraceptive Counseling Experience and Attitudes

**Table 7.8 Client experience of contraceptive counseling by type of service**

	ANTENATAL CLIENTS (%)	POSTPARTUM CLIENTS (%)	ABORTION CLIENTS (%)
<b>Medical staff talked about how to avoid another unplanned pregnancy</b>	42.9	47.5	91.5
Number of respondents	518	423	527
<b>Presentation of pregnancy prevention information</b>			
Information given respectfully	97.3	100.0	97.9
Questions encouraged	97.7	99.0	96.9
Partner participated	9.9	7.0	1.2
Number of respondents*	222	201	482
<b>Provider described possible method side effects and problems</b>	N/A	78.9	86.6
<b>Provider explained what to do if client experienced any problems</b>	N/A	82.9	87.2
Number of respondents		123	290
<b>Want partner to participate in pregnancy prevention counseling</b>	53.8	84.0	78.3
Number of respondents	195	181	460
<b>Ever discussed contraception with partner</b>	82.0	79.2	82.2
<b>Think men should have access to reproductive health services at this facility</b>	83.2	**	87.7
Number of respondents	518	423	527
<b>Where to seek advice about contraception (after leaving facility)</b>			
Maternity	1.7	0.0	0.0
Women's consultation center	87.8	91.0	84.9
Friend or mother	1.2	0.9	1.0
Family planning clinic	4.4	1.9	7.6
Children's polyclinic	0.2	0.2	0.0
Other	2.7	3.8	4.5
Don't know	1.9	2.1	2.0
Number of respondents	518	423	***511

\* Includes antenatal clients, postpartum clients, and abortion clients who report no regular partner

\*\* Not asked

\*\*\* Excludes 16 clients who do not plan to use contraceptive methods now or later

*Differences between cities*

**Table 7.9 Contraceptive counseling by city of residence and type of client**

TYPE OF CLIENT	CITY			TOTAL (%)	N
	V. NOVGOROD (%)	PERM (%)	BEREZNIKI (%)		
Antenatal (any visit)	28.5	55.5	36.4	42.9	518
Postpartum	40.5	45.0	63.3	47.5	423
Abortion	98.7	86.0	93.0	91.5	527

**Key WIN Indicator**

3<sup>rd</sup> round:

43% of antenatal clients, 48% of postpartum clients and 92% of abortion clients report receiving counseling on contraception.

2<sup>nd</sup> round:

42% of antenatal clients, 47% of postpartum clients and 82% of abortion clients report receiving counseling on contraception, nearly doubling for every client type since baseline survey.

Baseline:

23% of antenatal clients, 19% of postpartum clients and 41% of abortion clients report receiving contraceptive counseling.

## 8. SEXUALLY TRANSMITTED DISEASES AND DOMESTIC VIOLENCE

The WIN Project wants to ensure that providers assess all clients for their risk of contracting a sexually transmitted disease (STD). All providers were asked how they currently assess women for risk of Sexually Transmitted Diseases.

**Table 8.1a Percent of providers mentioning various criteria they use to assess whether a woman is at risk of a sexually transmitted disease**

CRITERIA USED TO ASSESS RISK*	PROVIDERS WHO COUNSEL ABOUT CONTRACEPTION (%)	ALL PROVIDERS (%)
If a woman's partner has other partners	30.0	22.8
If woman has more than one partner	72.4	56.2
If woman injects drugs	39.7	31.5
If woman's partner injects drugs	23.0	17.6
If she asks for a test	14.2	10.1
Not provider's responsibility	0.9	1.1
Other	7.6	23.0
Number of respondents	330	534

\* Columns do not add to 100% because multiple responses were allowed

**Table 8.1b Percent of providers mentioning action taken if a sexually transmitted disease is suspected**

ACTION TAKEN	PROVIDERS (%)
Order lab tests	49.9
Diagnose client	18.3
Treat client	22.0
Refer client for diagnosis	25.9
Refer client for treatment	9.6
Counsel client	13.6
Refer client for counseling	24.7
Inform partner or other exposed person	4.2
Arrange for follow-up visit after tests	23.7
Other	16.5
Don't know	2.2
Number of respondents*	405

\* Excludes 129 providers who report that STD assessment was not their job or gave 'other' as a response.

**Table 8.2 Actions providers report they take in cases of domestic violence**

	PROVIDERS (%)
Counsel client	9.2
Ask permission to talk to partner	0.6
Refer client to social services	14.0
Refer client to psychologist	7.5
Refer client to militia	7.1
Examine client	1.3
Refer client to special center for forensic tests	9.0
Other	7.3
Do not see victims of domestic violence	50.7
Don't know	3.7
Number of respondents	534

*Client experience of domestic violence*

**Table 8.3a Percent of clients who report having suffered domestic violence\* within previous year**

	YES (%)	NO (%)	NO ANSWER/MISSING (%)	N
<b>ENDLINE</b>				
Antenatal Clients	1.2	94.8	4.0	518
Abortion Clients	3.8	95.1	1.1	527
<b>BASELINE</b>				
Antenatal Clients	3.3	96.1	0.6	475
Abortion Clients	5.9	94.1	0.0	489

\* Partner or former partner has ever pushed, shoved, or slapped, or hit client; threatened to hit client; or threatened client with a knife or other weapon

**Table 8.3b Percent of clients who reported domestic abuse who did not seek help**

	YES (%)	N
<b>ENDLINE</b>		
Antenatal Clients	50.0	6
Abortion Clients	65.0	20
<b>BASELINE</b>		
Antenatal Clients	81.3	16
Abortion Clients	65.5	29

*Client reports of risk behavior during pregnancy*

The WIN Project also wants to know about the prevalence of various behaviors that, if practiced during pregnancy, can harm mother or the developing fetus.

**Table 8.3 Risk behavior during pregnancy reported by clients**

<b>RISK BEHAVIORS</b>	<b>ANTENATAL CLIENTS (%)</b>	<b>POSTPARTUM CLIENTS (%)</b>
<b>Smoking cigarettes</b>		
Ever smoked cigarettes	41.9	N/A
Currently smoke (of 217 ever-smokers)	16.1	N/A
Smoked during pregnancy	N/A	19.1
Currently smoke (of 81 who smoked during pregnancy)	N/A	14.8
<b>Frequency of drinking during pregnancy</b>		
Four or more times per week	0.2	0.0
One to three times per week	0.8	0.7
Less than once per week	21.2	31.2
Not at all	77.8	68.1
Number of respondents	518	423

## 9. INFORMATION, EDUCATION AND COMMUNICATION

We also wanted to know how much information was provided to women through different communication channels in the pre-intervention period. All clients were asked if they had received any information through a variety of possible channels (Table 9.1).

**Table 9.1a Percent of clients and providers (all services) reporting channels of information**

INFORMATION CHANNELS	ANTENATAL (%)	POSTPARTUM (%)	ABORTION (%)	PROVIDERS (%)
Given/took brochure or educational material to read away from facility	80.3	74.2	62.6	N/A
Gave material to woman to read	N/A	N/A	N/A	61.2
Attended a group talk today	26.3	43.7	70.8	N/A
Gave a group talk today	N/A	N/A	N/A	33.0
Saw any poster or information sheet at facility	97.9	96.5	88.4	N/A
Saw a video or TV presentation at facility	40.2	16.5	2.3	N/A
Number of cases	518	423	527	534

**Table 9.1b Information topic by type of channel and type of client**

INFORMATION CHANNEL AND SUBJECT	ANTENATAL (%)	POSTPARTUM (%)	ABORTION (%)
<b>Brochure/Educational Material</b>			
Antenatal care	43.5	1.0	0.9
Postpartum care	2.6	7.3	0.0
HIV/AIDS	12.5	2.2	7.9
STDs	38.9	5.1	21.5
Pregnancy prevention	56.3	32.8	97.3
Child care	7.0	49.4	0.0
Nutrition of women	29.8	10.2	0.3
Formula feeding	0.0	0.6	0.0
Exclusive breastfeeding	61.3	72.3	1.8
Maternity care oriented to family participation	11.8	1.3	0.0
Rooming-in option	4.3	0.6	0.0
Preparation for childbirth	9.1	1.6	0.0
Partner/family participation in childbirth	19.7	1.0	0.0
Alcohol use	2.4	0.3	0.9
Drug use	1.7	0.6	0.9
Domestic violence	0.2	0.3	0.0
Other	5.5	7.6	3.6
Don't know	0.0	0.6	0.3
Number of respondents	416	314	330
<b>Group Talk</b>			
Antenatal care	16.2	0.0	0.0
Postpartum care	2.9	7.6	0.0
HIV/AIDS	0.0	0.5	4.3
STDs	0.7	0.5	5.9
Pregnancy prevention	10.3	26.5	98.1
Child care	9.6	69.2	0.0
Nutrition of women	21.3	10.3	0.0
Formula feeding	0.0	0.0	0.0

Exclusive breastfeeding	36.0	76.8	0.3
Maternity care oriented to family participation	23.5	0.5	0.0
Rooming-in option	19.9	1.6	0.0
Preparation for childbirth	55.1	1.6	0.0
Partner/family participation in childbirth	31.6	0.5	0.0
Alcohol use	2.9	0.0	0.3
Drug use	0.7	0.0	0.3
Domestic violence	0.0	0.0	0.0
Other	9.6	7.0	12.3
Don't know	0.0	0.0	0.5
Number of respondents	136	185	373
<b>Poster or Information Sheet</b>			
Antenatal care	20.9	0.7	3.0
Postpartum care	2.0	7.4	0.0
HIV/AIDS	28.6	11.0	23.8
STDs	35.5	20.3	21.9
Pregnancy prevention	58.2	53.2	80.9
Child care	6.5	37.0	0.9
Nutrition of women	30.0	27.9	1.5
Formula feeding	0.4	0.7	0.0
Exclusive breastfeeding	67.7	87.3	11.6
Maternity care oriented to family participation	10.1	5.6	0.2
Rooming-in option	1.8	1.5	0.0
Preparation for childbirth	5.7	8.3	0.4
Partner/family participation in childbirth	13.8	3.2	0.0
Alcohol use	8.7	3.7	8.2
Drug use	7.5	3.7	8.6
Domestic violence	0.4	0.0	0.0
Other	22.3	6.1	16.7
Don't know	1.8	2.2	9.4
Number of respondents	507	408	466
<b>Video or TV Presentation</b>			
Antenatal care	32.2	12.9	*
Postpartum care	0.0	1.4	*
HIV/AIDS	0.0	0.0	*
STDs	0.0	0.0	*
Pregnancy prevention	5.8	4.3	*
Child care	11.1	4.3	*
Nutrition of women	9.1	1.4	*
Formula feeding	0.0	0.0	*
Exclusive breastfeeding	87.0	82.9	*
Maternity care oriented to family participation	13.5	11.4	*
Rooming-in option	1.4	1.4	*
Preparation for childbirth	26.4	11.4	*
Partner/family participation in childbirth	25.5	2.9	*
Alcohol use	0.0	0.0	*
Drug use	0.5	0.0	*
Domestic violence	0.0	0.0	*
Other	2.4	0.0	*
Don't know	0.0	0.0	*
Number of respondents	208	70	12

\* Estimates based on less than 25 cases are omitted



**Table 9.1c Other information clients want or wished they had been given today**

SUBJECT	ANTENATAL (%)	POSTPARTUM (%)	ABORTION (%)
Antenatal care	4.6	0.0	0.0
Postpartum care	13.9	11.6	0.2
HIV/AIDS	0.2	0.2	1.1
STDs	0.6	0.0	3.4
Pregnancy prevention	11.4	11.6	16.7
Child care	16.2	24.3	0.2
Nutrition of women	4.1	3.1	0.2
Formula feeding	0.6	0.0	0.0
Exclusive breastfeeding	5.2	6.4	0.0
Maternity care oriented to family participation	3.9	0.0	0.0
Rooming-in option	3.9	0.0	0.0
Preparation for childbirth	17.0	0.0	0.2
Partner/family participation in childbirth	4.4	0.0	0.0
Alcohol use	0.0	0.0	0.0
Drug use	0.0	0.0	0.0
Domestic violence	0.0	0.0	0.0
Other	5.4	14.4	16.1
Nothing/Don't know	54.1	33.6	60.7
Number of respondents	518	423	527

**Table 9.1d Self-reported best ways for clients to receive information**

CHANNEL	ANTENATAL (%)	POSTPARTUM (%)	ABORTION (%)
During a consultation with medical staff	85.9	87.2	93.5
Pamphlet or brochure	40.0	21.7	21.3
TV or Video talk	36.9	15.8	14.8
Group talk at facility	27.6	25.3	19.5
Some other way	2.3	0.5	1.5
Don't know	1.0	0.7	0.9
Number of respondents	518	423	527

## Provider Reports of Topics Discussed with Clients

We asked providers whether they had discussed certain topics with their clients on the day of the interview.

**Table 9.2 Provider reports of information discussed with clients**

TOPIC	DISCUSSED WITH CLIENTS TODAY (%)
Family-centered maternity care	37.8
Nutrition	77.5
Breastfeeding	70.0
STDs or HIV/AIDS	48.5
Smoking or use of alcohol	62.9
Care of the newborn	50.0
Domestic violence	5.8
Number of respondents	534

## Client Reports of Information Received about Family-Centered Maternity Care

Prior to the start of the project interventions, we also wanted to discover what information women said they received about topics related to family-centered maternity care (FCMC). While women would not necessarily recognize this term – ‘family-centered maternity care’ – they could report whether they had discussed certain components of family-centered care with their providers. This information, displayed in Table 9.6, provides us with some proxy information to compare with baseline results.

**Table 9.3 Reports on information about family-centered maternity care**

INFORMATION RECEIVED	ANTENATAL CLIENTS (%)	POSTPARTUM CLIENTS (%)
During antenatal visits, discussed preparations for delivery	N/A	75.1
Of those (N=311), partner/family member participated in these discussions	N/A	32.8
Staff discussed partner/family participation during childbirth	64.5	N/A
Staff discussed 'rooming-in' option	59.7	N/A
Received any information about 'maternity care oriented to family participation' option for the birthing process	N/A	77.3
Of those (N=320), selected family-centered maternity care option	N/A	60.6
Number of respondents*	518	414

\* Excludes 9 postpartum clients who did not receive antenatal care

## 10. GENERAL SATISFACTION

Finally, we asked some questions of both clients and providers about how they would rate the services in their facility. Clients are often reluctant to say anything critical about the staff or the facility, and more likely to report that they are satisfied with services, when interviewed at the facility. We have therefore included some items in this section of the questionnaire to obtain a more objective assessment, such as ‘Would you recommend a friend to come to this facility?’ Results from these client interviews should be interpreted cautiously, and with the recognition that they may suggest a more positive assessment than is real.

### Clients’ Rating of Service Received

We asked clients first to rank the facilities where they were interviewed on 4 dimensions – hygiene, comfort, competence of health professionals, and courtesy of health professionals.

**Table 10.1a Mean ranking given by clients for attributes of each service (1='good' 3='poor')**

TYPE OF CLIENT	ATTRIBUTES OF SERVICES RECEIVED			
	HYGIENE	COMFORT	COMPETENCE OF PROVIDERS	COURTESY
Antenatal	1.22	1.53	1.09	1.12
Postpartum	1.35	1.55	1.04	1.08
Abortion	1.23	1.51	1.06	1.11

**Table 10.1b Client rankings given to facilities for services received**

ATTRIBUTE AND RANKING	CLIENT TYPE		
	ANTENATAL (%)	POSTNATAL (%)	ABORTION (%)
<b>Hygiene</b>			
Good	78.8	69.5	77.6
Fair	20.3	26.0	21.4
Poor	0.6	4.3	0.8
Don't know	0.4	0.2	0.2
<b>Comfort</b>			
Good	51.2	52.5	54.5
Fair	43.4	39.0	38.7
Poor	4.6	8.0	5.7
Don't know	0.8	0.4	1.1
<b>Competence of health professionals</b>			
Good	88.4	94.1	89.2
Fair	7.7	3.8	4.2
Poor	0.4	0.2	0.6
Don't know	3.5	1.9	6.1
<b>Courtesy of health professionals</b>			
Good	88.0	92.0	90.9
Fair	10.6	7.3	6.5
Poor	0.8	0.5	2.3
Don't know	0.6	0.2	0.4
Number of respondents	518	423	527

Figure 10.1 Proportion of clients, by type, giving a ranking of 'Good' to their facility on four criteria

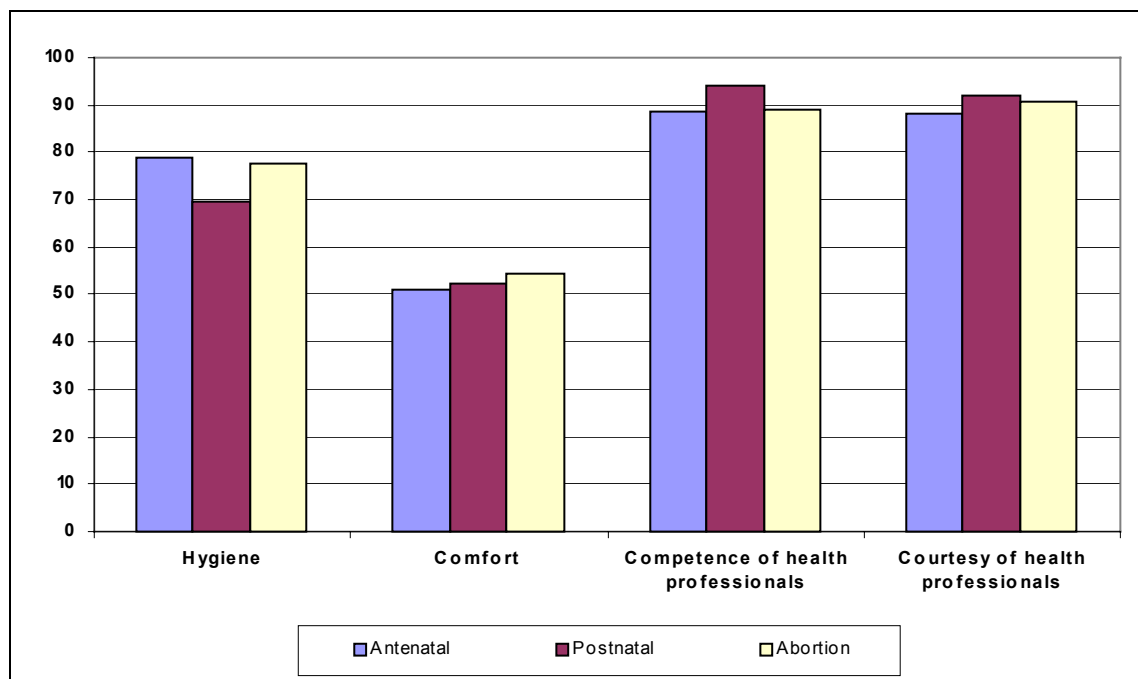
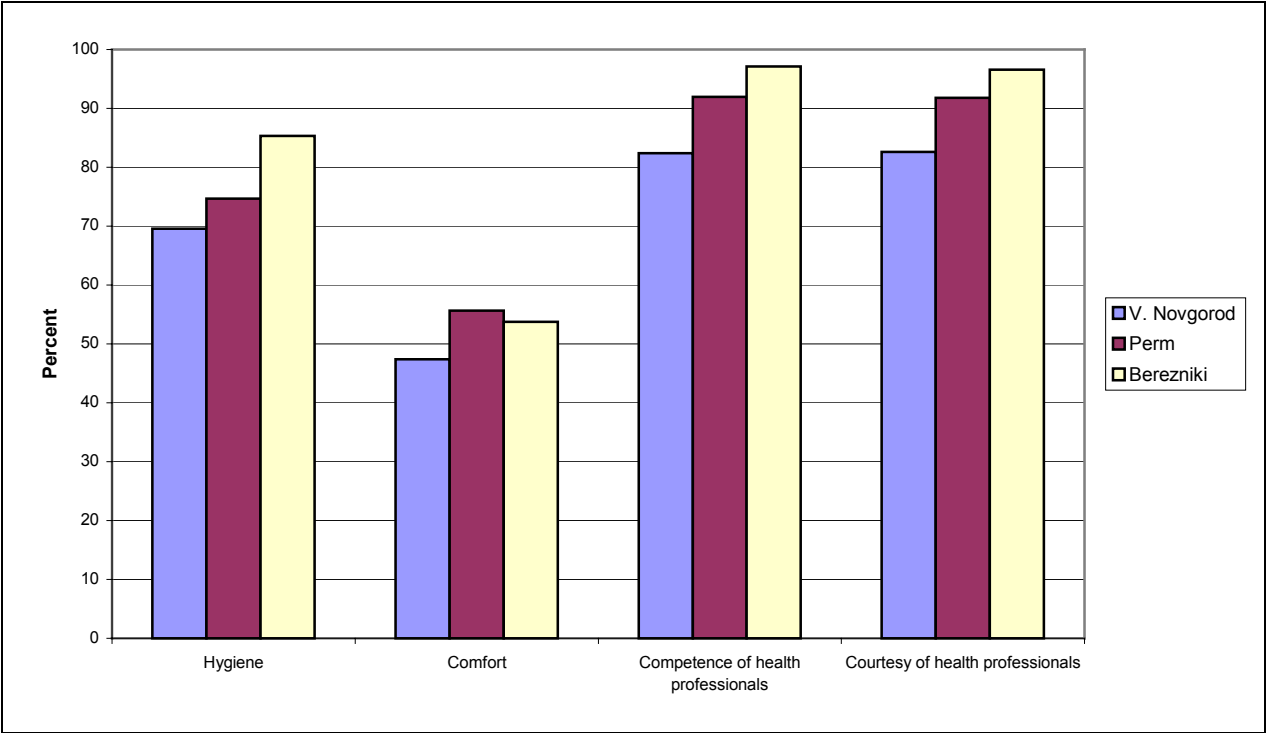


Table 10.2 Client rankings given to facilities (all clients combined) by city

ATTRIBUTE AND RANKING	CITY			TOTAL (%)
	V. NOVGOROD (%)	PERM (%)	BEREZNIKI (%)	
Hygiene				
Good	69.6	74.7	85.3	75.7
Fair	28.4	23.0	13.5	22.3
Poor	1.4	2.2	1.1	1.7
Don't know	0.7	0.1	0.0	0.3
Total	100	100	100	100
Comfort				
Good	47.4	55.6	53.7	52.7
Fair	43.5	37.8	42.0	40.5
Poor	7.3	6.0	4.3	6.0
Don't know	1.8	0.6	0.0	0.8
Total	100	100	100	100
Competence of health professionals				
Good	82.4	91.9	97.1	90.3
Fair	10.1	4.2	1.4	5.4
Poor	0.9	0.3	0.0	0.4
Don't know	6.6	3.5	1.4	4.0
Total	100	100	100	100
Courtesy of health professionals				
Good	82.6	91.8	96.6	90.2
Fair	14.6	6.6	3.2	8.2
Poor	1.8	1.3	0.3	1.2
Don't know	0.9	0.3	0.0	0.4
Total	100	100	100	100
Number of respondents	437	683	348	1468

**Figure 10.2** Proportion of clients (all types combined), by city, giving a ranking of ‘Good’ to their facility on four criteria



### *Satisfaction with maternity services*

Postpartum women who were interviewed before discharge from the maternity were asked to report on several indicators of their satisfaction with the services they had received. The distribution of their responses is shown in Table 10.4.

**Table 10.3 Responses by postpartum clients to questions about satisfaction with maternity services, by city**

CRITERIA	CITY			TOTAL (%)
	V. NOVGOROD (%)	PERM (%)	BERZNIKI (%)	
Satisfied overall	97.7	99.0	100.0	98.8
Enough privacy in consultations with doctor or midwife	61.8	67.8	73.3	67.1
Medical staff permitted questions*	88.5	97.1	96.1	94.8
Recommend a friend to deliver here	81.7	84.7	72.2	81.1
Number of respondents	131	202	90	423

\* Of those who had questions they wanted to ask

### *Satisfaction with antenatal services*

Antenatal clients were asked a series of similar questions.

**Table 10.4 Responses by antenatal clients to questions about satisfaction with antenatal care, by city**

CRITERIA	CITY			TOTAL (%)
	V. NOVGOROD (%)	PERM (%)	BERZNIKI (%)	
Satisfied overall	86.8	96.2	100.0	94.4
Enough privacy in consultations with doctor or midwife	62.9	65.1	82.9	68.9
Medical staff permitted questions*	87.1	96.0	98.1	94.2
Recommend this facility to a friend	64.2	92.0	88.4	83.0
Number of respondents	151	238	129	518

\* Of those who had questions they wanted to ask

### *Satisfaction with abortion services*

**Table 10.5 Responses by abortion clients to questions about satisfaction with abortion services, by city**

CRITERIA	CITY			TOTAL (%)
	V. NOVGOROD (%)	PERM (%)	BERZNIKI (%)	
Satisfied overall	95.5	95.5	98.4	96.2
Enough privacy in consultations with doctor or midwife	50.3	47.3	51.9	49.3
Medical staff permitted questions*	96.5	96.0	100.0	97.3
Recommend this facility to a friend	82.6	90.5	82.9	86.3
Number of respondents	155	243	129	527

\* Of those who had questions they wanted to ask

*Provider and client attitudes toward men receiving services*

One way to improve women's reproductive health is to involve their partners in reproductive health care, and to improve the preventive behaviors that lead to improved health of men. We asked abortion and antenatal clients, as well as health providers, if they thought that men should have access to reproductive health services at the facility.

**Table 10.6 Attitudes of clients and providers to extending reproductive health services to men**

MEN SHOULD HAVE ACCESS TO SERVICES AT THIS FACILITY	CITY			TOTAL (N)
	V. NOVGOROD (%)	PERM (%)	BERZNIKI (%)	
Antenatal clients	88.1	76.9	89.1	83.2 (518)
Abortion clients	81.9	90.9	88.4	87.7 (527)
Providers	94.1	97.4	100.0	96.6 (534)

**Providers' Rating of Services**

Finally, we asked medical staff to rank their own facilities on three of the same criteria which the clients had ranked. We did not ask providers to rate competence and courtesy of professionals, but instead asked them to rank their facility for the privacy offered to clients. Their responses are displayed in Table 10.8.

**Table 10.7 Provider rankings given to their own facilities, by city**

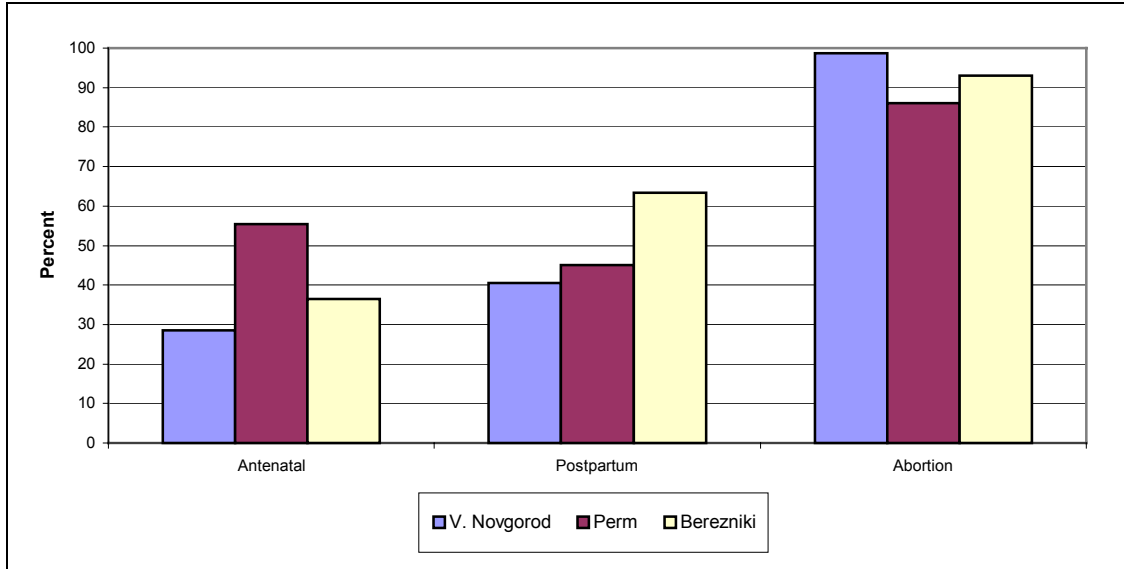
Attribute and Ranking	City			Total (%)
	V. Novgorod (%)	Perm (%)	Berzniki (%)	
Hygiene				
Good	50.5	49.6	68.8	52.8
Fair	45.2	39.6	28.8	39.9
Poor	4.3	10.8	1.3	7.1
Don't know	0.0	0.0	1.3	0.2
Total	100	100	100	100
Comfort				
Good	29.6	20.5	41.3	26.8
Fair	46.2	57.5	43.8	51.5
Poor	24.2	22.0	13.8	21.5
Don't know	0.0	0.0	1.3	0.2
Total	100	100	100	100
Privacy				
Good	26.9	25.7	58.8	31.1
Fair	37.1	48.1	22.5	40.4
Poor	34.4	26.1	16.3	27.5
Don't know	1.6	0.0	2.5	0.9
Total	100	100	100	100

Number of respondents	186	268	80	534
-----------------------	-----	-----	----	-----

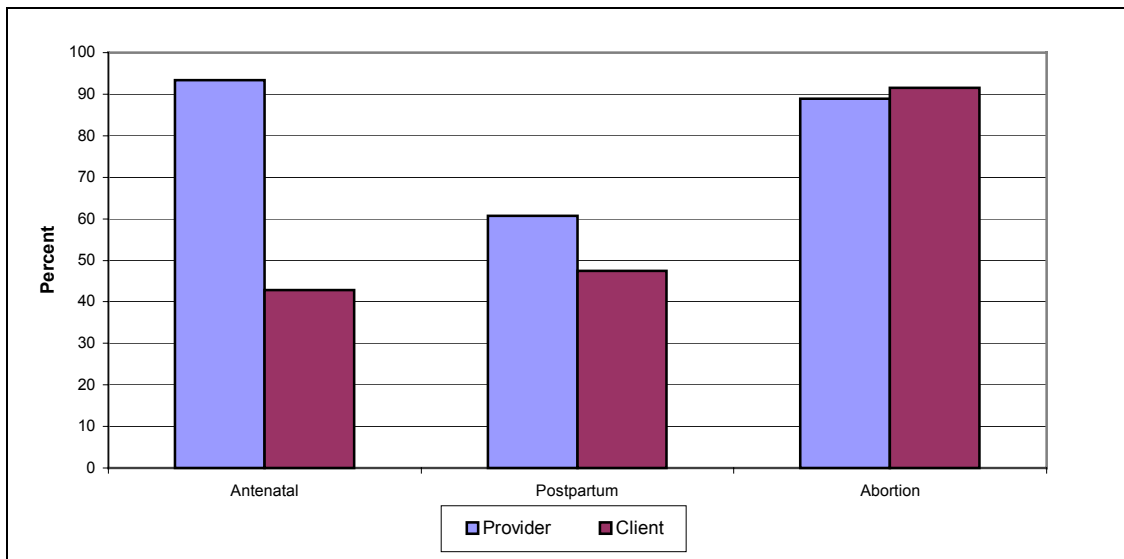


## 11. CONCLUSIONS

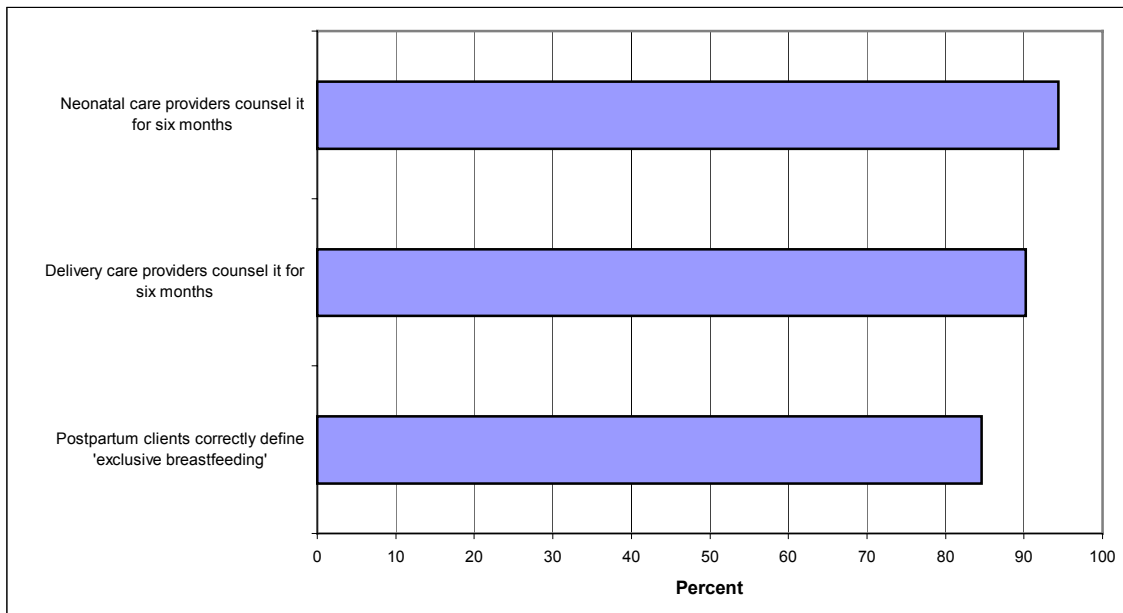
**Figure 11.1 Percent of clients who discussed contraception with medical staff**



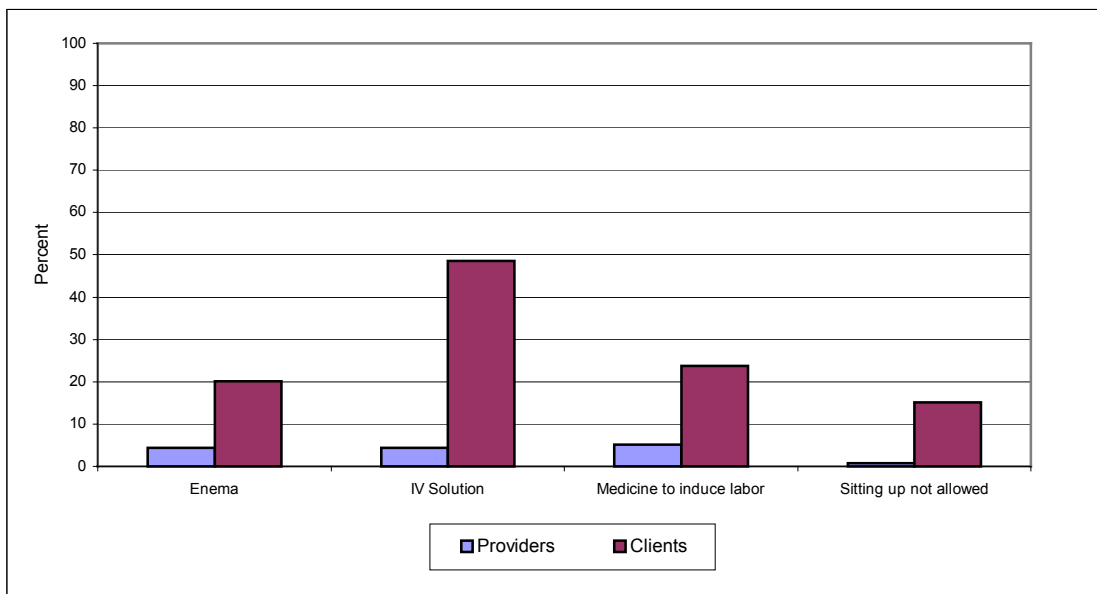
**Figure 11.2 Percent of providers and clients who report having discussed contraception**



**Figure 11.3 Exclusive breastfeeding—client knowledge and provider counseling**



**Figure 11.4 Reports of delivery care practices by providers and clients**



## REFERENCES

- David, PH, Bodrova, V, Avdeev, A., Troitskaia, I., Boulay, M. (2000), *Women and Infant Health Project Household Survey 2000: Report of Main Findings*, Boston: John Snow, Inc., December.
- Enkin, M., Keirse, M.J.N.C., Renfrew, M., and Neilson, J. (1996) *A Guide to Effective Care in Pregnancy and Childbirth*, Second Edition. Oxford: Oxford University Press.
- Russian Centre for Public Opinion and Market Research, Centers for Disease Control and Prevention, USA, United States Agency for International Development (2000) *1999 Russia Women's Reproductive Health Survey: A Follow-up Study of Three Sites, Preliminary Report*, March.
- Stoltzfus, RJ, Dreyfuss, M.L (1998), *Guidelines for the Use of Iron Supplements to Prevent and Treat Iron Deficiency Anemia*, cited in Elder, L. (2000) *Issues in Programming for Maternal Anemia*, Washington, DC: Mothercare.
- World Health Organization (1997) *Essential Newborn Care and Breastfeeding: Workshop Proceedings*, Geneva: WHO.
- World Health Organization Regional Office for Europe (1998) *Essential antenatal, perinatal and postpartum care*. Copenhagen: WHO Regional Office.

